



# LAMP Son the PRAIRIE

# Lamps on the Prairie



LAMPS ON THE PRAIRIE is the story of the development of nursing in Kansas, prefaced by a bit of state history and enlivened by personal reminiscences of pioneer nurses.

White men visited Kansas more than 300 years before the first settlers came to make homes on the prairies. The first immigrants, however, were Indian tribes, moved from eastern reservations early in the 19th Century. With them came missionaries, traders, and soldiers. Nursing was the accepted duty of the missionary's wife and daughters. Soldiers had built the first hospitals at Fort Leavenworth and Fort Scott long before the territory was opened in 1854. The Civil War was responsible for the first civilian hospital, opened in 1864 at Leavenworth to care for refugees from the South. A member of the Roman Catholic nursing order that founded this hospital was the first Kansas nurse with formal training. "Good Neighbors," the women of the communities who were "good in case of sickness," carried the burden of nursing during the early decades of settlement.

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2007





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# Lamps on the Prairie

A HISTORY OF NURSING IN KANSAS ·

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COMPILED BY THE WRITERS' PROGRAM OF  
THE WORK PROJECTS ADMINISTRATION  
IN THE STATE OF KANSAS

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*Illustrated*

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EMPORIA GAZETTE PRESS

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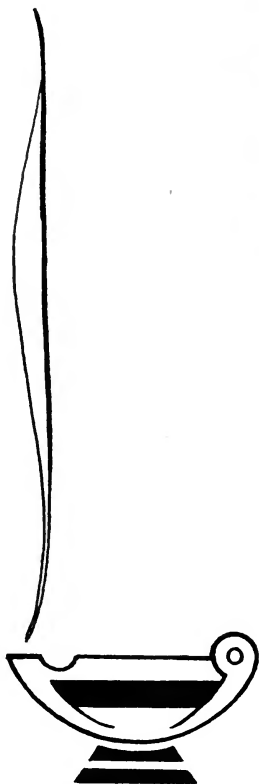
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Florence Nightingale

*"When all . . . have retired for the night, and silence and darkness have settled down . . ., she may be observed alone, with a little lamp in her hand, making her solitary rounds."*

—Commissioner MacDonald  
in Tooley's *"Life of  
Florence Nightingale."*



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## PREFACE

*Lamps on the Prairie* began as *The Story of Nursing in Kansas*, but it is more than that. It is also an account of the pioneer men and women of the medical profession, of the public institutions for the care of the sick; of the birth, life, and growth of the State of Kansas. The story of nursing is entwined with that of all the brave people who built the State, never looking backward and asking only for light enough to show them a tomorrow.

Because of their desire to see these scattered threads of the story woven into a cloth, the Kansas State Nurses' Association looked beyond the limited knowledge and the skills of their own group for the writing of this book. The association gratefully acknowledges the services of the director and of the research workers and writers of the Writer's Project whose ability to present the dramatic with simplicity has given to *Lamps on the Prairie* its sincerity of style; and to all those whose cooperation has made this book possible, including physicians whose accounts have been invaluable, the boards of trustees of the various hospitals throughout the State, without whose assistance the latter section of the book could not have been compiled, and lastly the nurses scattered throughout the State, the nation, and many foreign countries. We acknowledge great indebtedness to all.

We offer this account of four hundred years of nursing in Kansas in the hope that each reader may find the facts he seeks accurately and clearly presented, and that they will provide inspiration and pleasure by recalling events of a simpler period. May *Lamps on the Prairie* be worthy of its two-fold purpose, diffusing the influence and perpetuating the memory of those nurses whose life's work it presents.

*Signed:*

### MEMBERS OF HISTORY OF NURSING COMMITTEE

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## FOREWORD

*This is a story of Kansas nurses, of the women who served and have served the sick from days when the Sunflower State had no identity, when it was merely a part of the great unexplored Mississippi Basin. It is also an account of the development of the care of the sick from the crude but often effective practices of the Indians to the modern scientific methods available even in remote rural areas.*

*The story of Kansas nursing and nurses is followed in some detail. It has been assembled, bit by bit, from old diaries, letters, records, unpublished memoirs, and through the warm cooperation of hundreds of nurses and laymen. The compilers hope that it may in some measure show what part nursing has played in Kansas. Kansas has much in common with other States in its nursing and medical history, especially with other States settled in the same period on the Plains and Prairies. This book, however, tells the story from the local viewpoint, to enable all Kansans to understand the struggle that made possible the present nursing and medical services of the State and the significant role of women in this development.*

*The final manuscript was edited by Katherine A. Kellock of the Washington office of the Writers' Program.*

HAROLD C. EVANS, State Supervisor,  
Kansas Writers' Program

## CHAPTER I

### *The Background*

SINCE 1541 when Coronado and his conquistadors rode across the Plains, seeking Quivira, on the first horses ever seen by the Kansas Indians, the pages of Kansas history have been filled with romance and conflict. Leader of the first white men to set foot on Kansas soil, Coronado claimed the area, with the rest of the western country, for Spain; and for nearly a century and a half that claim, supported by other Spanish expeditions, was uncontested.

For another two centuries the area, as part of the province of Louisiana, was shuttled between France and Spain, going back to France again in 1802. But as none of the claimants assumed more than nominal ownership of the Kansas region it was left to the Indians until May 2, 1803, when the Territory of Louisiana became part of the United States.

On June 26, 1804, Lewis and Clark were at the mouth of the Kansas River on the first lap of the expedition, whose purpose was to find a route through the new territory to the Pacific Ocean, as well as discover how far the British had come down from Canada into this western land. Pike followed in 1806, and in 1819 S. H. Long's expedition steamed up the Missouri in the *Western Engineer*, the first steam boat on rivers west of the Mississippi. Kansas' destiny, however, was not immediately fixed. Pike, although exploring widely, carried back a tale of a "Great American Desert" that included the whole of what became Kansas, and represented it as unfit for white men's habitation. Long's observations confirmed the fallacy; which so thoroughly permeated eastern imaginations that for another quarter of a century, except for a few traders, trappers, and missionaries, Kansas was spurned by white men.

Meanwhile, in 1826, the country west of the State of Missouri had been designated Indian Territory, and the eastern half of Kansas became a receiving reservation for various bands of Indians expelled from the East, beginning with the Shawnee in 1828 and ending with the Wyandotte in 1843. With them arrived the first missionaries, Methodists who came to teach the Shawnee in Wyandotte County in 1829; the first printing press and newspaper—also among the Shawnee—through action of the Rev. Jotham Meeker of the Baptist Mission in Johnson County in 1833-1835; and the first free school, established by the Wyandotte in Wyandotte County in 1844. Arrival of the Indians also brought roads, ferries, trading posts, and government agencies.

In the same period events elsewhere were hastening the region's de-

velopment. These included the establishment of the Santa Fe trade in 1821 and the development of the Santa Fe Trail; twenty years later, the journeys of Fremont, who crossed Kansas and made reports that interested many people in the fertility of the Plains; war with Mexico in 1846, resulting in the annexation of the Southwest; the migration to Oregon, which began in the 1840's; the Mormon trek to Utah, beginning in 1846; and the discovery of gold in California in 1849, which caused a westward rush. During these activities large numbers of travelers had a chance to see the virgin fertility of the prairies, for both the Santa Fe and the Oregon trails cut across them.

Kansas lands, so long believed worthless, were soon coveted. On May 6, 1854, under pressure from squatters, politicians, and would-be settlers, the government began breaking its treaties reserving Kansas for the Indians in order to open up various sections to white settlers. On May 30, the Kansas-Nebraska Act was passed and Kansas Territory was organized.

For the next seven years Kansas history was filled with violence and drama. The Kansas-Nebraska Act upset the Missouri Compromise and transformed the verbal battles over slavery into physical combat, which took place on the Kansas plains. Free State adherents and pro-slavery advocates—the latter mainly from Missouri—poured in, each side determined to supply the Territory with enough people of its own way of thinking to set up a government that would promote the policy it advocated. The result was anarchy.

Under the administration of the first Territorial Governor, Andrew H. Reeder, the pro-slavery party gained ascendancy. At the election of a delegate to Congress on November 29, 1854, Missourians crossed into Kansas and took control of the political situation; at the election of the territorial legislature on March 30, 1855, they emphasized the performance. Four to five thousand armed men from Missouri invaded the polls, stuffed the ballot boxes, browbeat the judges, and elected the "Bogus Legislature," which, with one or two exceptions, was made up of residents of Missouri. Under threat of his life Reeder was obliged to issue election certificates.

On July 2, this "Bogus Legislature" convened at Pawnee, ejected its few Free State members, and reconvened at the Shawnee Mission in Johnson County, where it proceeded to adopt the Missouri statutes *in toto*, merely instructing the clerk to strike out the word "Missouri" and insert the name of the Territory, and then proceeded to enact the infamous "Black Laws." These laws provided the death penalty for anyone who by word or deed should aid in freeing a slave, and a penitentiary sentence for expression of opinion adverse to the institution of slavery. To insure their execution, the Law and Order Party was organized at Leavenworth the following October 3.

Meanwhile, the Free State Party, though outwardly passive, was preparing resistance. In April 1855, Dr. Charles Robinson, Free State leader and later first Governor of the State of Kansas, wrote to Eli Thayer of Massachusetts for 100 Sharp's rifles, which were promptly sent in under

guise of "Beecher's Bibles." On September 5 at Big Springs a Free State assembly repudiated the acts of the "Bogus Legislature" and formed its own government; at Topeka on October 23 a constitution was written and state officers were nominated.

The pro-slavery party viewed these acts with mounting animosity, which came to a head on November 21 when Charles Dow, a Free Stater, was shot and killed by Franklin Coleman of the opposing faction. Although their dispute was over private claim boundaries, the killing brought on the Wakarusa War; border ruffians from Missouri assembled on the Wakarusa River for the purpose of destroying the town of Lawrence, and were prevented only by the intervention of the second Territorial Governor, Wilson Shannon, who sent Federal troops from Fort Leavenworth. They arrived only after a second Free State man, Thomas Barber, had been murdered.

This was followed by the butchery of Captain R. P. Brown at Easton on January 18, 1856; by the shooting of two young Free Staters—Jones and Stewart—on May 18; and by the sacking and partial burning of Lawrence on May 21. Three days later John Brown retaliated with the murder and mutilation of five pro-slavery men in what has been called the Pottawatomie Massacre.

Brown's action, the first organized retaliatory movement of the Free State Party, inspired radicals of both sides and projected the Territory into open warfare. Pretended attempts to arrest Brown resulted in the Battles of Black Jack, Franklin, and Fort Titus; in the raiding of Palmyra and Prairie City; and in the sacking of Osawatimie, where David Garrison and Frederick Brown, son of John Brown, were killed. On the north side of the river, at Atchison, Doniphan, and Leavenworth, Free State families were ejected from the Territory; a blockade was established on the Missouri River to prevent further immigration of Free Staters; Colonel James H. Lane raised his Army of the North; and James Montgomery organized reckless young Free Staters into a guerilla band known as the Jayhawkers.

Men were called out into the night and shot down for no other reason than that they supported, or were suspected of supporting, the opposite cause. Women and children, regardless of age or condition, were driven from their homes with only the clothing on their backs. Fields were laid waste and settlements sacked—all in the name of the cause, but, in fact, to gratify personal revenge or avarice. On May 19, 1858, a band of pro-slavery men under Charles A. Hamelton herded eleven Free State men into a ravine near Trading Post on the Marais des Cygnes and shot them down to settle Hamelton's grudges.

During these seven years six governors and five acting governors held office, the territorial capital hopped about with surprising agility, and three constitutions were written and rejected. Martial law prevailed intermittently, and Free State leaders were indicted and imprisoned for treason.

Eventually the Free State Party grew too strong to be bullied, and the opposing faction was shorn of its power. On July 5, 1859, a con-

stitutional convention assembled at Wyandotte to frame a fourth constitution, which was adopted; and on January 29, 1861, with the signature of President James A. Buchanan, Kansas became the thirty-fourth State in the Union, with the motto *Ad Astra per Aspera*—"To the Stars Through Difficulty."

But its troubles were not ended. Three months after its admission Kansas was called on to participate in the Civil War. Although it was not in the zone of action and was entered but briefly by only one of the major armies—the force of General Sterling Price in his campaign through Missouri and Arkansas known as Price's Raid—the young State had on its hands guerilla warfare and uprisings by the Indians, who seized the war as an opportunity to get back their lands. Bushwhackers led by William Quantrell, Bill Anderson, and others, and the "Red Legs" under James Montgomery were continually active. On August 21, 1863, Quantrell raided and burned the town of Lawrence, killing 150 of its citizens.

With the close of the war, Kansas for the first time had peace to develop. Its subsequent history is one of progress, though even recent pages have a dramatic character. Blizzards, droughts, floods, cholera, prairie fires, grasshoppers, and dust storms have shadowed it. Buffalo, prairie schooners, stagecoaches, cattle, railroad building, bronco busting, sod house pioneering, Exodusters, and oil have lent color and romance. Anti-tobacco leagues, Carrie Nation and prohibition, Henry J. Allen and the Industrial Court, and bond scandals, have furnished the fire of battle.

Such, in brief, is the background against which Kansas nursing developed.

But far more important than Kansas political history to an understanding of nursing in the State is a knowledge of medical history. The century since settlement began on the prairie has witnessed more advances in medicine and surgery than were made in the thousand preceding years.

Primitive man had two theories about the cause of illness—it was either punishment for offenses against his gods or torture by malignant powers. One of the chief functions of his priests was to placate or drive away these unseen forces. Probably the first major advances in scientific medicine were made by an inner circle of the Egyptian priesthood, but these men kept their knowledge largely secret, either wishing to profit further by their supposed powers with the gods or believing that the common man was too stupid to understand truth. Hippocrates, a Greek who lived about four hundred years before the beginning of the present era, was the first man openly to divorce disease and its cure from religion and superstition. He was a founder of a line of physicians that continued about six hundred years, ending with Galen, who practiced in Rome at the time when the empire had begun to decline and with it most of the sciences and cultural arts.

As control of disease is heavily dependent on hygiene and sanitation, it is not an accident that the nations most progressive in medicine should have been notable for their attention to personal and public cleanliness. Moses, the Hebrew liberator educated by leaders of the Egyptian priest-

hood, was able to save his followers when disease began to decimate them by promulgating a very sound sanitary code, which for practical reasons he made part of the religious ritual. The Greeks and the Romans, who carried forward the medical work of the Egyptians, made advances in public health practices that were not to be duplicated until the nineteenth century was far advanced. As the empire spread, almost the first signs of Roman occupation were a public bath well supplied with pure water and a sewage system.

Wealthy households had their own luxurious baths, and philanthropists, as well as politicians, who wished to gain popularity, provided vast bathing establishments for the poor. Gradually, the cool marble halls became the centers of Roman life; banquets and literary lectures took place beside the pools and as wealth increased and morals decayed, the gay parties in the baths became notorious. To the moralists excessive bathing became symbolic of decadence. Old Cato said the gentlemen of his day judged even the founding fathers of the nation by the number of baths they took each week. The new sect of Christians, whose philosophy had been heavily influenced by ascetic cults, were even more drastic in their criticisms of the baths as centers of iniquity. Early Christian leaders warned their followers to bathe only once a day as a health measure and to avoid the gay parties in the establishments, but later ones turned against all bathing and lauded those who had never succumbed to the vice. When the Church came to political power it closed the baths and refused funds to keep the aqueducts and sewers repaired.

This mistaken attitude had a very unfortunate effect on one of the noblest developments of the early Christian era. The new converts, inspired by belief in the brotherhood of men, shared their homes and possessions. The poor and the sick had their special attention. While Imperial Rome maintained well-organized medical clinics for the poor, it did not attempt care of the helpless beyond permitting them shelter in certain temples. But the early Christians took the sick as well as poor strangers into their homes, fed them, and cleaned their sores. Some men and women had pooled their belongings, devoted themselves wholly to such work, begging funds for its support. When their homes became too small to hold the numbers that needed help they built additions or erected other buildings near the first. The section built for strangers became known as a hospice.

As vast numbers of people were placed under the sign of the cross by sword and political power, rather than personal conviction, the first fine simplicity and fervor were largely replaced by form and ritual. Although larger and more magnificent hospitals were built, in many cases the care of those who took shelter in them was neglected. Men and women wishing to flaunt their concern for the sick crawled into filthy beds with them but offered none of those personal services that had been Christianity's outstanding demonstration of the new value placed on the individual. Moreover, the ignorance that had deliberately destroyed the scientific and cultural gains of two thousand years made the hospitals far more dangerous than useful. As long as cleanliness was

akin to godliness the collection of diseased people under a single roof was not especially dangerous; but after the elements of hygiene and sanitation were forgotten even by the medical profession the hospitals became hot-beds in which epidemics of increasing virulence were nurtured. In 1349 alone the Black Death killed a quarter to a half of all Europeans. Only a people of great vigor and fertility could have survived.

Even before the peak of disaster in 1349 both religion and learning had begun to show signs of life again. Characteristically, one of the first evidences of the renaissance was renewed interest in medical science and a revival of compassion for the sick. The evidence was feeble but unmistakable. St. Francis, the orders of the Poor Clares and the Beguines, the Sisterhood of the Common Life, and the oblates of Florence were as much signs of the times as was the revival of interest in Greek medicine at Salerno.

But although the new orders and many individuals had kindly intentions in devoting themselves to poverty-stricken sufferers, they were able to do far less than their efforts merited because the old understanding of the relationship between many illnesses and filth had not yet been regained. Unselfish nuns going from house to house to give medicines and food carried disease with them on their trailing sleeves and skirts. And the hospitals they founded undoubtedly were as dangerous as helpful.

When the great reformation struck the Christian nations, those that repudiated Roman Catholicism banned the religious orders giving allegiance to the Pope. The situation was disastrous for the hospitals established by the orders.

Politicians then as now were uninterested in providing funds for the care of uninfluential groups and the hospitals soon fell into disrepair. Whatever care the inmates got came from fellow-sufferers. Lunatics roamed the wards, such attendants as the institutions had stole the food or allowed it to decay, and the buildings that had once been symbols of help became such places of horror that many preferred to die on the streets rather than find a hospital bed.

Even before this disruption of the hospital work there had been a steady deterioration in nursing care, primitive as it was. The new orders were not half a century old before Pope Innocent IV placed the first of a series of heavy restrictions on the activities of women. The Sisters of the Hotel-Dieu, founded in Paris in the year 650, had to immure themselves in the hospital and give up visiting the homes of the poor. Clerical edicts forbidding the nuns to care for or look at any part of the body except the head, hands, and feet practically ended the possibility of nursing the sick.

The next revival of nursing came from Vincent de Paul, who, about the time Boston was settled, helped reform conditions in the Hotel-Dieu and organized the Sisters of Charity. He warned them of the necessity of remaining secular, against all practice of the time; told them to take their orders from physicians, not priests, and planned a

system of instruction that was very radical for a day when few women could even read or write. His order multiplied rapidly in numbers and penetrated to many parts of the globe.

In the next century there were additional signs of renewed concern for unfortunates and the sick. The general apathy of the condition of the poor was attacked in many countries by people who were shocked by conditions in almshouses, prisons, orphanages, and institutions for the feeble-minded and insane. In the year the Constitution of the United States went into effect John Howard, an English reformer, published *Principal Lazarettos of Europe*, in which he revealed the shocking conditions prevailing in hospitals, both on the continent and in his homeland. Even that, however, brought few reforms. The truth was, that relatively few people had interest in the masses and those of wealth and authority did not realize they were menacing themselves in neglecting the public health.

At that period only the homeless went to hospitals. Anyone who could afford shelter stayed at home. No innkeeper thought of turning a traveler out of his house simply because he had a "fever." Nursing was one of the chores of every housewife, with servants assisting in homes of wealth. Persons of means who lacked families depended entirely on personal servants. Those who had none or needed assistance depended on neighbors or anyone the doctor could find. By the 1700's nursing had reached such a state of degradation that almost the only people who attended the sick for hire were those who could not make a living in any other way. Dickens' Sairey Gamp of the 1840's was typical of the drunken sluts engaged in the work.

The status of nursing and the condition of the hospitals in the 1600's largely reflected the conditions in medical science, where very limited progress had been made. Hippocrates, again honored, was being quoted on the cause and cure of disease. Public opinion and the heavy hand of the Church so greatly hindered the study of human anatomy that it was 1628 before circulation of the blood was proved and 1775 before respiration was understood. Bedside teaching of medical students did not begin till nearly all the English colonies in America had been established.

Under such conditions it could not be expected that any great advances in treatment or surgery would be made. Treatment of disease was to a considerable extent based on alchemy. Physicians used truly terrifying equipment—lancets for bleeding, cups to draw blood to the surface, and mineral and vegetable concoctions to produce violent physical reactions. Many of their treatments were so drastic they would seriously have depleted the vital forces of a well man, and must certainly have killed off some of the unfortunate sufferers subjected to them.

In the earliest days the American colonies had physicians, trained largely in the British and Scottish medical schools, though some had studied in Vienna, Paris, and the Lowlands. And among the American colonials who went to Europe for education were some medical students.

But as the number with such training was quite inadequate for the needs of the rapidly growing country, a preceptorship system soon grew up. Any doctor could take a young man into his office as an assistant, allow him to read whatever medical literature he had, give him as much or as little instruction as he chose, and send him off to practice medicine. So many of these apprentices had entered practice by 1736 that school-trained physicians of Virginia managed to have a law passed forbidding them to ask fees on the same scale as the framers of the law.

This was but one of an unfortunate series of attempts to regulate the practice of medicine in America from a selfish standpoint; the net result was a discrediting of all medical legislation to the point that a century and a half later the public could still view attempts to set up boards of health as "another trick of the doctors." By 1758 medical practice in this country was already so bad that a contemporary historian of New York could write, "A few physicians among us are eminent for their skill. Quacks abound like locusts in Egypt." This situation changed so little until the early part of the twentieth century that the proprietary "medical colleges" of the country became an international scandal. Any group of "doctors" could obtain a charter for a "medical college," hire a hall, give lectures without laboratory work of any kind, and send out graduates with diplomas. The so-called faculties pocketed the fees.

The situation was far better in Europe. The intellectual movement that exploded in the French Revolution had profound effects on medical education, for it scattered the ancient authoritarians of the French universities, who were still quoting Hippocrates and Galen, and replaced them with younger men stimulated by the prevailing scepticism of the day. The new faculties re-examined the old ideas, threw shotgun treatments out of the window, and began active research into the cause of disease, with the result that Paris began to draw students away from the other medical centers—a few Americans among them. In time other European medical colleges followed the French school and at long last medicine came of age as a science. The reform of medical education in America did not begin until the 1890's, when the medical college of Johns Hopkins university was reorganized and staffed with men trained in the best European centers; they instituted thorough theoretical training and the laboratory work largely lacking in even the best of the eastern universities. But the Hopkins example was followed very slowly; faculties, themselves badly trained, fought the innovations that would expose their weakness. No marked improvement came until after 1910, when Abraham Flexner, financed by the Carnegie Foundation, completed and published a merciless survey of medical schools of the country. The report got so much publicity that the number of medical colleges was halved in the next twenty years and the standard of most of the remainder was greatly improved by the American Medical Association. Time has not yet eliminated even half the graduates of the pre-Flexner period.

Although medical education in the United States was bad there were

a considerable number of physicians far better than the system that produced them. Native wit enabled them to grasp certain essentials of treatment, and experience gained by trial and error enabled them to render emergency services that laymen would have feared to attempt.

The first hospital of the country was established in Philadelphia in 1752, when Benjamin Franklin by a trick persuaded the legislature to charter it and provide part of the funds. While the sponsors proposed it for the "reception and cure of poor sick persons, whether inhabitants of the province or strangers," funds were obtained largely on the plea that it would care for the "lunatics" who were becoming a serious annoyance to the inhabitants of the town. Many of them, said the sponsors, could be improved or cured with proper care. This first general hospital of the colonies even had a bed for "accidents that require immediate relief." Patients who could do so were required to help the matron. If there was a spare room it might be let "at a reasonable rate" to patients able to pay. Twenty years later the managers were establishing a library for use of students of the College of Philadelphia, whose medical department, first in America, had been opened thirteen years after the hospital.

As the country grew other cities followed the Philadelphia example in order to care for their "poor sick persons," but hospitals remained primarily almshouse infirmaries until science opened up new fields of service for them. The first field was surgery. Until it was possible to anesthetize the patient, abdominal and other delicate operations were impossible and very few people submitted even to minor surgery if they could help it. The first major operation with anesthetics was performed in Massachusetts General Hospital in 1846. Twenty years passed before the second discovery important to surgery—prevention of wound infection—was demonstrated but in 1847 a valuable clue was provided when Semmelweis proved that one type of wound infection—childbirth fever—was carried to the patient on the hands and instruments of doctors and midwives. In 1867, Lister of Britain confirmed the presence of bacteria in wound infections and worked out techniques for preventing their entrance. In the same period the bacterial cause of certain diseases was discovered and development of techniques for preventing their spread began, making it safe to collect "fever patients" in institutions. News of the discoveries and application of preventive techniques spread slowly; it was late in the 1880's before American hospitals began to be much more than refuges for people who could not find private shelter during illness.

Even then, the idea that a woman who had a home should go to a hospital to give birth to a child was practically unheard of, but the reason for this was partly traditional. It was only a short time before the American Revolution that obstetrics began to emerge as a branch of medical practice. Midwifery had been completely a function of women, practically all of whom had only experience to guide them. The earliest known American record of obstetrical practice by a man is found in the death notice of "Mr. John Dupuy, M. D.," published in

New York in 1745 with the statement that he was a "man midwife"—a phrase clearly indicating how new the field was for his sex. Long after obstetricians appeared on the scene, many women were reluctant to call them in, partly from prudery and partly from the idea that childbirth was an experience to be shared only with women.

The modern hospital could not have come into existence without trained nurses, women with the preliminary education, the intelligence, and the imagination to apply the techniques for prevention of infection. Some of the same forces, however, that were advancing medical science were working to provide the necessary staffs when medicine could use them.

After 1800 the signs of an awakening social conscience increased, especially in England and America. In Protestant religious circles of Central and Western Europe this concern for the unfortunate found expression in the organization of groups of deaconesses who devoted themselves to serving the poor in their dwellings. In 1836 Pastor Fliedner of Kaiserswerth, inspired by the work of the Sisters of Charity, decided to organize a group of deaconesses to assist him in caring for sick discharged prisoners in an infirmary he had established for them. Convinced that good will and a knowledge of housekeeping were insufficient for the work, he arranged a system of training far beyond that ever before given to attendants of the sick. The course included study of pharmacy, occupational therapy for convalescents, management of children, and theoretical and bedside instruction on disease by physicians.

That women should have been offered such training was indicative of another significant trend of the period. In the middle 1700's women here and there had begun to revolt against their inability to enter schools of higher education. In England girls were even outside the compulsory primary education act at the time Pastor Fliedner opened his little school for nurses, though the first women of the world to share higher educational facilities with men, except under special dispensations, were entering Oberlin College in Ohio. But even with this inequality some well-to-do young women of England were managing to emerge from the sphere allotted to them and they were especially active in the reform movements of the day.

Among the first concerns of these women were the institutions provided for the poor, including the crowded public hospitals, where graft and politics were rampant and the only care received by the miserable inmates came from one another.

One of the English rebels against things as they were was Florence Nightingale, whose social position opened doors that would otherwise have been closed to her. During her travels on the continent she visited the best hospitals of each country in hope of discovering methods for improving the institutions of England. While she found some better managed than others, she was far from satisfied with any and came to the conclusion that a trained nursing staff was essential if conditions

were to be changed. Eventually she discovered the work being done by Pastor Fliedner and in 1851 enrolled as a student in his nursing school. But the training did not satisfy her; she felt that nursing should be an independent profession, not merely an adjunct to welfare and religious work.

Soon after the Crimean War broke out the conditions in British military hospitals became a scandal, as there was no provision for nursing care of the sick and wounded. It happened that the British Secretary at War was a friend of the Nightingale family; through him, against violent military opposition, Florence Nightingale obtained permission to go to the Crimea with forty assistants to take charge of the nursing. In spite of gross disregard of the authority she had been given, she was soon able to make such striking improvements in the situation that her field of work was gradually extended. At the end of the war the public recognized her accomplishments by subscribing a large sum of money to establish a nursing school.

By this time Miss Nightingale had evolved certain other principles that have been basic in establishing nursing as a profession. Nursing, she believed, had to be done by women of intelligence and education who could grasp the broad principles of hygiene, sanitation, and medical and surgical treatment, and apply them without constant supervision; it should, moreover, complement the work of physicians, not be subordinate to; and the education of nurses should come from nurses, not doctors.

The Civil War revealed that the American Army was no better prepared to care for its sick and wounded than the British had been in the Crimea. During the first battles there was not even provision for removal of the wounded from the place where they fell. This situation was changed after long pressure by a volunteer organization, the Sanitary Commission, whose medical leaders had proved their mettle in the cholera epidemics.

Early health officers had only advisory functions; it took the epidemics to convince influential citizens that boards of health also had to have authority and that disease among the poor was a menace to the whole community. The health officers who appeared during the emergency were men of unusually high character and intelligence who made up for their lack of experience in sanitation by reading all available European literature on the subject, especially the report prepared by the London board appointed to cope with the frightful cholera epidemics of the 1840's and 1850's. The Philadelphia board of health realized that it was not enough for one city to clean up disease; every boat and train was a potential carrier of infection from another city. Therefore, in 1856, the board invited the health officers of the leading cities to meet with them the following year to draw up a model sanitary code for the country. On their own volition the officials repeated the meeting in the three following years and were preparing to form a permanent organization to improve public health when their plans were wrecked by the Civil War. Nonetheless they had already accomplished much self education, formu-

lated an amazingly modern sanitary code, and made plans for enlisting the public in their campaign. It had been their idea to invite all the welfare and reform organizations to unite in a single body, recognizing that poverty, crime, and social welfare were closely bound up with the problem of public health.

As Civil War volunteers began to gather in the cities the health officers warned that the Army must make plans to care for their health and for camp sanitation if the communities were not to be endangered. At first the Army ignored them, then the Surgeon-General attacked them for meddling in matters that were not their concern. Laymen became concerned as disease mounted in the camps and, after the complete incompetence of the Army medical corps had been demonstrated by the neglect of the wounded, joined the health officers in organizing the Sanitary Commission. Eventually this organization was able to force appointment of a new surgeon-general and attain official status for its activities, which were similar to those later taken over by the Red Cross. It collected supplies, recruited ambulance and nursing assistance for the Army and Navy, and put on drives for funds to provide hospital equipment. There was no Florence Nightingale to take charge of the nursing; the volunteers could only give the care they would have lavished on sick relatives in their own homes and see that hospital housekeeping was conducted according to good domestic standards. The results were less than the effort deserved; three-fifths of the total northern mortalities were from disease, and losses from wounds were higher than those suffered in battle. The toll from disease was even worse in the South, which also had its sanitary volunteers, it reached three-fourths of the total.

The women who participated in the war work had had their first taste of public service; after the crisis was over some were disinclined to return to the narrow domestic field. Those who had worked in hospitals had a new conception of how they should be run and eyed local institutions critically. Other women were also seeking work in new fields. Until that time the only jobs for women outside their homes were in domestic service, factories, and dressmaking. Except in the "infant schools," practically all school-teaching had been done by men. When business and the army called the men away some women had been able to get school jobs in communities that kept them after the war because they demanded less salary than men. But those who achieved these positions were outnumbered by the ones who had attained the prized college degree only to discover that educational equality did not provide equal job opportunity. Under these circumstances the Women's Education Association of Boston began a survey of fields in which women might develop jobs without competition.

The work accomplished by Florence Nightingale during the Crimean War had directed attention to a serious need in the military hospitals, and news of her nursing school in Bloomsbury had also come to the attention of the Education Association. Work for educated American women had been found. The Association gained the co-operation of the

managers of Massachusetts General Hospital and planned to take over the nursing in that institution. As the need for trained leadership was imperfectly understood, results of the first year of work were poor; the staff, including the superintendent, consisted largely of women whose only training had been experience in Civil War hospitals.

Some years before a pioneer woman physician in the New England Hospital for Women had begun to give elementary training to attendants of that institution. Later one of her assistants was sent abroad to examine the Kaiserswerth training, with the result that a similar course was instituted at the New England Hospital in 1872. After the first unsatisfactory year the sponsors of the Massachusetts General training school turned to the New England Hospital for a new nursing superintendent. Linda Richards, who had recently completed the rudimentary training course, was chosen. She studied the Nightingale system and instituted it at Massachusetts General, laying the foundation for her profession in the United States. In the same year a school of nursing was opened in Bellvue Hospital in New York City.

A few other nursing schools were founded in the 1870's, many more in the 1880's, with the backing of citizens determined to clean up such conditions as then existed in New York's public Hospitals and Chicago's Cook County. Although a committee of the American Medical Association had given approval to the Nightingale system in 1869, the new nursing schools were not welcomed by the medical profession in general—indeed, they were actively opposed in many places, for the nurses, trained in the new techniques for preventing fever and wound infection, steadily and firmly policed the physicians who were careless in applying the new knowledge. "Often the chief job of the nurse," said a pioneer ruefully, "was protection of the patient from his doctor."

Gradually, however, as a new generation of physicians appeared the opposition decreased and graduates of the better medical schools, accustomed to nursing assistance, were lost without it when starting private practice, especially in surgery. As improved nursing care and the new techniques in surgery made hospitals less dangerous places, the public began to look on the institutions as refuges rather than places of horror. Surgeons, no longer willing to operate in homes, found less difficulty in persuading patients to submit to surgery in hospitals.

As hospitals developed into community utilities serving the whole population, not merely the homeless poor, and trained nurses were found essential for their satisfactory operation, it became customary for every hospital to open a "training school," regardless of the facilities or staff available to provide the education promised to students. Usually the managers of the hospital meant well but often the training schools were devices for obtaining willing labor at low cost. Large numbers of women, ignorant of what they should be taught and the range of experience they should have access to, were duped by this system and did not discover until after "graduation" that they would have to re-enter training in larger schools to complete the education they had labored so hard to at-

tain. Some students, it is true, began to get an inkling of the true situation when they were assigned to give care to well-to-do patients who wanted the exclusive attention of one nurse, and paid the hospital, not the nurse, for the service. Certain hospitals found this practice so lucrative that they placed students of the third year in graduate white, instead of the student stripes or plain blue, and solemnly informed them this "specialling" was part of their education.

A further serious problem of the members of the new profession was the obtaining of an adequate income after graduation. Nursing had always been a charitable function and the majority of the hospitals in which the early trained nurses worked were operated chiefly for the poor. Even after nurses had proved their merit there was a tendency to undervalue their contributions. This was in part the result of an unfortunate mistake made early in the training system. Every nursing school was operated on a very slim budget; few hospitals were willing to grant funds, or contract with a school for nursing, at cost greater than would have been paid for unskilled attendants and in many cases the school sponsors were primarily interested in saving the poor. In their eagerness to provide the largest possible nursing force the managers of the schools used every available dollar to pay for food and shelter for nurses—though some schools did give as much as \$5 a month to their students to enable them to buy shoes and uniforms. Such a system of expenditure of funds meant that all the ordinary housekeeping chores had to be done by the students—they scrubbed floors, cleaned beds, washed dirty bandages and even bedding, and wasted valuable time doing a thousand and one other tasks that could have been performed by housemaids. Even after the waste of such a system was apparent, the managers were very slow to remedy it. The evaluation of nursing service was not improved, as trained nurses became more plentiful, by the number of poorly trained nurses who gladly took private positions in which the bulk of their time was spent in work that could just as well have been done by a lady-maid or clerk.

Yet another complication in the question of adequate payment for services was the fact that the majority of the people most in need of highly skilled continuous care—such as sufferers from typhoid, a disease in whose treatment nursing is far more important than medical attention—could ill afford to pay even five dollars a day to a nurse. Yet these people often managed to pay that amount for ten minutes of a physician's time, and do it without a murmur.

The World War of 1914-18 had profound effects on nursing, as well as on the medical profession. The most direct effect was that the war blasted open many job citadels women had been unable to penetrate before. Nursing was no longer the only alternative to school-teaching and after the war many women declined to enter a profession in which they were expected to do much unskilled manual labor with little prospect of adequate income or income stability. Hospitals were forced to

reorganize their systems and hire unskilled workers and aids to do the housekeeping chores.

Further, the field of nursing was greatly widened. A new understanding of the needs of health education and disease prevention caused a spread of visiting, school, industrial, and other nursing services calling for specialized training. The nursing associations long at work raising standards of registration and nursing education began to see results. Many private hospitals that had opened "nursing schools" as a way of obtaining cheap labor were forced to abandon their schools and employ graduates. A system of college and university affiliations with training schools was established under which the theoretical end of nurse training became part of courses leading to a science degree and the practical end was limited to bedside work of real value, somewhat analogous to that provided for internes. The courses were also re-organized to give periods in which the students did only class-room work; it was no longer necessary for those on night duty to stagger out of bed in the middle of the day for lectures offered by physicians who might or might not find it convenient to appear. Graduates of the new system were able to find positions in the new public health services on a salary basis, which, while low in comparison with others, assured steady employment, reasonable hours of work, and impersonal relations in the payment for services.

The reforms in nursing education and conditions of work were tied up closely with reforms in medical education and hospital administration. The improvement in medical education after publication of the Flexner report was creating a body of physicians and surgeons determined to force a minimum standard of equipment and administration on hospitals for the protection of the public and of their own work. Of 698 hospitals with more than 100 beds investigated by American College of Surgeons inspectors in 1918, it was found that only 89 met the relatively low requirements. Publication of these findings resulted in improvements; some hospitals modernized and added to their facilities and staffs, a few were closed, and some of the private hospitals whose owners could not meet the standards were turned over to charitable groups for administration in the hope that they could meet the situation. By 1924, when the larger institutions were in more satisfactory condition, 307 hospitals having less than 50 beds were inspected; only 49 were approved. Eight years later inspection of 864 hospitals having less than 50 beds resulted in approval of only 177, though 62 per cent having from 50 to 99 beds met requirements, and 94 per cent of those having 100 beds or more. As a tenth of the hospitals of the country had less than one hundred beds it was clear that a large majority of the smaller hospitals were serving the public very inadequately.

Since the majority could not meet standards of service to the public, they were obviously unable to supply adequate education for nurses. The nursing associations, whose members were gradually acquiring authority in the licensing boards, set standards on the facilities, staff, and curriculum necessary for training that resulted in refusal of licenses to graduates

of schools that did not meet them. They were thus able to force a sharp reduction in the number of hospitals offering training. The public benefitted by the reform as much as the nurses.

Kansas has shared this medical and nursing history with other States. It was fortunate in starting its hospital building much later than older States; it had small investment in institutions too inadequate for modernization, and few entrenched medical bureaucrats to fight. Its major problem has been provision of medical and hospital services for areas too thinly settled to support the necessary facilities and personnel. Development of rapid transportation and better roads enabling people to reach better facilities, has helped to solve the problem but equally important has been the extension of visiting, school, and other nursing services to remote areas.

This book tells the story of the development of care of the sick in Kansas from the standpoint of the nurse, and shows how vital a role the nurse has played in that development. The practical home and neighborhood nurse bore most of the burden of caring for the sick until the 1890's; the women in and out of training made possible the development of hospitals and greatly helped in forcing the standards of service upward; today the nursing forces are an acknowledged base of the whole hospital and public health system of the State.

## CHAPTER II

### *Campfire and Candlelight*

THE STORY of nursing in Kansas long antedates the State, for care of the sick was an established profession among the Indians. Their doctors were the medicine men and women of the tribes, their nurses were midwives and domestic attendants, and their medicines were concoctions of herbs, as well as animal and mineral elements.

Much of the practice of their doctors was based on mere superstition, on the belief in an offending spirit from whom a patient was delivered by means of prayer, exhortation, suggestion, song, sleight-of-hand, hypnotism, or fetish. But the medicine men could also make some good diagnoses and give sound treatments. They attempted cures by rubbing, pressing, cutting, cauterizing, cupping, blood-letting, poulticing, and counter irritation. They set bones, pulled teeth, sucked poison from wounds and snake bites, and applied bandages. They prescribed cough medicines, physicks, emetics, diaphoretics, diuretics, and peptics—the last of which they obtained by squeezing the juice from undigested grasses found in the stomachs of slaughtered buffaloes. They were familiar with the poisons of their localities and their antidotes. They were given to religious fasting and dieting, and the special lodge for the sweatbath was prominent in all plains encampments. Their women were attended in childbirth by midwives who were skilled and rendered useful assistance. But the Indians kept no records of their medical treatments, and few details are known for the period before the Spanish arrived.

Pedro de Castaneda, writing of the Coronado expedition, of which he was a member, noted that "the general was attended by his own physician and surgeon." A little later he related: "During this journey the juice of the quince was proved to be a good protection against the poison of the natives because at one place . . . the hostile Indians wounded a Spaniard called Mesa, and he did not die, although the wound of the fresh poison is fatal, and there was a delay of over two hours before curing him with the juice. The poison, however, left its mark on him. The skin rotted and fell off until it left bones and sinews bare, and with a horrible smell. The wound was in the wrist, and the poison had reached as far as the shoulder when he was cured. The skin on all this fell off."

This is of special interest because use of pectin, the healing agent in the quince, has become important in the past few years. Experimental work undertaken at the Indiana University Medical Center to determine the reason for the value of scraped apple and, later, of pectin agar

in diarrhea in infants revealed that various pectins have definite value in wound treatment. In the three years beginning February 1936, seventy-five patients having ulcers, discharging wounds such as in osteomyelitis, operative wounds with drainage or secondary infection, or superficial wounds, were treated with aqueous solutions containing two to ten per cent pectin. In many cases healthy new tissue appeared promptly and made vigorous growth, and in chronic lesions there was rapid growth of highly vascular tissue.

The physician of Coronado's party was, so far as is known, the first European medical man to set foot on Kansas, and pectin treatment was the first to become a matter of record. This, however, was an Indian discovery, not European, since the natives taught the Spanish the healing properties of the quince.

From them, too, the Spanish learned of other remedies. Ysopete, the Wichita who guided Coronado into Quivera, taught them to use dock root for diarrhea, coffee bean root for constipation, milkweed for dysentery, slippery elm bark as a laxative, and foxglove for chills and fever. He also told them of the food plants—lamb's quarter, mushrooms, sour dock, wild mustard, wild onions, and sheep sorrel—with which to augment their diet of wild animal meat. For scurvy he made them a paste of elm bark; their wounds he plastered with clean mud to prevent infection.

The early French, like the Indians, left no medical records. Although M. de Bourgmont—who in 1724 crossed the region, visiting Indian tribes from the Kanza at the mouth of the Kansas to the Padoucah at the foot of the Rocky Mountains—was taken ill with a fever and had to be carried from Kansas on a litter, he failed to tell the nature of his fever, or the method of treatment. The next accounts of medical care were made by Clark, whose journals contain frequent references to treatment of the sick on principles Lewis had learned from the great Dr. Benjamin Rush of Philadelphia, when preparing for the expedition.

On July 4, 1804, while camped at the mouth of the Independence Creek in Kansas, they wrote:

"One of our men was bitten by a snake, but a poultice of bark and gunpowder was sufficient to cure the wound."

Again on July 7:

"Another of our men had a stroke of the sun; he was bled, and took a preparation of nitre which relieved him considerably."

On the 20th:

"For a month past the party have been troubled with biles, and occasionally with the dysentary. These biles were large tumors which broke out under the arms, on the legs, and, generally, in the parts most exposed to action, which sometimes became too painful to permit the men to work. After remaining some days, they disappeared without any assistance, except a poultice of the bark of the elm, or of Indian meal. This disorder, which we ascribe to the muddiness of

the river water, has not affected the general health of the party, which is quite as good, if not better, than that of the same number of men in any other situation."

Later, in what is now North Dakota, they recorded a practice common among the plains Indians:

"About five o'clock one of the wives of the Chadboneau was delivered of a boy; this being their first child, she was suffering considerably, when Mr. Jessaume told Captain Lewis that he had frequently administered to persons in her situation, a small dose of the rattle of the rattlesnake which had never failed to hasten the delivery. Having some of the rattle, Captain Lewis gave it to Mr. Jessaume who crumbled two of the rings between his fingers, and mixing it with a small quantity of water gave it to her. What effect it may really have had it might be difficult to determine, but Captain Lewis was informed that she had not taken it more than ten minutes before the delivery took place."

The woman he mentioned was Sacajawea, who, with the child then born, accompanied the expedition as an interpreter and guide to the Pacific Ocean.

The expeditions of both Pike and Long included a physician; but, notwithstanding the extreme suffering of Pike's party from cold and poor food, and the ague and dysentery experienced by the overland division of Long's party, accounts of their professional services are meager—probably because there was little they could contribute.

With the advent of traders, soldiers, missionaries, and agents of the United States, the real history of disease and the treatment in Kansas began. To the whites the "salubrious" climate of Kansas proved a veritable breeder of diseases. The new and often inadequate diet and the poor sanitation brought on dysentery, the undrained lands provided breeding places for malarial mosquitoes, exposure led to colds and their complications; and to these were added infectious diseases, such as smallpox and cholera. Official reports of Fort Leavenworth show that during its first summer (1827)—

"Malarial fever, that bane of all the posts along the river, became so severe that at one time out of one hundred and seventy-four enlisted men, seventy-seven were sick, sixty-five were busied . . . taking care of them, which left only thirty-two for duty."

Two years later it was necessary to reduce the force during the summer, in spite of the fact that the site was "carefully chosen with a view of the maintenance of health."

Smallpox—brought to Kansas in 1828 by the Fish band of the Shawnee, who had contracted the disease from white men while on their way from Ohio—was especially disastrous to the Indians, who had developed no degree of group immunity to its ravages. Panic-stricken, they plunged themselves into cold water to allay the fever and itching and died by thousands. In 1831 Major John Dougherty, agent to the numerous Pawnee, reported them—" . . . dying so fast . . . they had ceased to

bury their dead, and bodies were to be seen in every direction, lying in the rivers, lodged on the sand bars, in the weeds around their villages, and in their own corn caches."

Originally estimated at 25,000, their number was reduced in the years from 1831 to 1835 by approximately one-half. Other tribes were similarly affected.

Measles, also new to the Indians, worked particular havoc among them. The Wyandottes, forced from Ohio in 1843, contracted measles at Cincinnati and lost nearly half their young children from the disease during their first year in Kansas; among the local tribes it was even more fatal. Adults, as well, suffered heavily.

Dunbar gave a graphic description of the Pawnee methods used in treating a young man who had been severely burned in a prairie fire. "The wives of the sick man," he wrote, "prepared food for the patient and urged him to eat. They brought him water whenever he requested it, and changed his position from time to time as he wished. Twice each day, in the early morning and at twilight, they carried him out into the open air. On the second day of his illness, two of their medicine men called and treated him.

" . . . They sat down and smoked . . . with many ceremonies. After receiving the pipe, one of them held it up over his head, and muttered over something, then brought it down before him, and took from the bowl with his thumb and finger a very small quantity of that with which it was filled, and carefully placed it on the hearth. This being done, another person held a brand to the bowl, by which the pipe was lighted. He now puffed the smoke upward two or three times, then downward as many, then east, west, north and south, then taking the bowl in his hand, held the pipe to the other person, who taking hold of the stem with his hand, and putting it to his mouth, proceeded to puff the smoke as the other had done. The pipe was now passed back and forth between these two persons till its contents were consumed, when came the ceremony of emptying the pipe, which must be performed by the person who had the honor of lighting it. The ashes were carefully poured out on the hearth, on that which had been before deposited there. He then put the ends of his fingers on them, and proceeded to pass his hands in succession upward from the bowl to the end of the stem. When he had done this several times, he handed the pipe to the person to whom it belonged, who did the same. . . . Having gone through with these preliminaries, they now began to examine the sick man's burns. When they had finished their examination, they commenced their incantations. A bowl of water was placed before one of them, who, having filled his mouth with it, groaned, grunted, beat his breast with his hands, crept backward, then forward on his hands and feet, took up dust and rubbed it back and forth in his hands, made many horrible gestures, and then pretended to vomit the water on the hearth, which had all the while been in his mouth. He again took water in his mouth, and having repeated all that I had mentioned, and even more, he proceeded to separate the sick man's hair and blow the

water in small quantities on his head, then on his breast, and various parts of his body. When these things had been repeated several times, he again separated the burned man's hair, and placing his mouth, previously filled with water, close to his head, groaned and grunted sadly, as if endeavoring with all his might to suck out something, then spurted the water on the hearth, as though it had been drawn from the man's head. This operation was repeated on various parts of the body. He now took up dust and having rubbed it a while in his hands, put his hands to his mouth, and blew the dust on the sick man's head, breast, etc. After all this conjuration had been completed, he sprinkled a brownish powder on his burns and departed, leaving the poor man to groan under increased misery. These men repeated their visits twice each day till his death. . . . The night that this man died, being in the agonies of the death, these horrible creatures were sent for. They came and with redoubled fury repeated their savage, foolish, and fiendish actions, helping by their noise, etc., the expiring man to die."

The most celebrated of the Indian medicine men who lived in Kansas was Ten-Squa-to-wa, Shawnee prophet and brother to the famous chief Tecumseh. At one time he was thought to have supernatural powers, given by the Great Spirit to foretell events and heal the sick. He lost prestige, however, after a few of his prophecies failed to come true and at the time of his removal to Kansas, about 1830, his influence and practice were confined to only a few of his former vast following. He settled in what is now the Argentine District of Kansas City, Kansas, a village then called Prophet's Town, where he died in November 1836.

When the Indians lived near the missions, they often turned to the missionaries for medical assistance, especially after their medicine men failed to help them. William Johnson of the Kanza Methodist Mission, in August 1831, noted that "several of the sick have camped by us, for the purpose of taking medicine, and such help as we can give." Eleanor Meeker, wife of the Rev. Jotham Meeker at the Ottawa Mission in 1841, wrote to an eastern friend that "we give care and medicine to all who ask for it. All who are friendly, when sick, send immediately to us. . . . We sometimes give medicine 8 or 10 times a day." In August 1848 she wrote: "Sickness is increasing; the Indians are coming for medicine and care for the sick from every direction."

William Bent, who with his three brothers and Ceran St. Vrain established the fur trading post known as Bent's Fort near the headwaters of the Arkansas River in 1826, told of his experience with a Cheyenne Indian physician. Bent had acquired some knowledge of primitive medicine and surgery and carried his own medicine chest, which he replenished on his visits to Westport and St. Louis. In the diary of W. M. Boggs, a relative of one of the Westport druggists from whom Bent bought his medical supplies, is this account:

"William Bent had contracted a severe cold and sore throat—putrid sore throat—and it became so bad that he had ceased to swallow and could only talk in a whisper, until his throat closed and his

wife fed him with broth—through a quill which she passed down his throat. I went into his lodge to see how he was, and he told me, by writing on a piece of slate that he had with him, that if he did not get relief in a very short time that he was bound to die, and that he had sent for an Indian doctor called 'Lawyer,' and was expecting him every hour. The Indian came while I was there,—a plain-looking Indian without any show or ornamentation about him. He proceeded at once to examine Bent's throat by pressing the handle of a large spoon on his tongue just as any doctor would do, and on looking in Bent's throat he shook his head, got up and went out of the lodge and returned very soon with a handful of small sand burs. They were about the size of a large marrowfat pea, with barbs all around, as sharp as fishhooks and turned up one way. They were so sharp that by pressing them they would stick to one's fingers. He called for a piece of sinew and lump of marrow grease. He made five or six threads of the sinew and tied a knot in one end of each, took an awl and pierced a hole through each bur and ran the sinew through it down to the knot, then rolled the bur in marrow grease until it had completely covered over the barbs of the bur; took a small, flat stick about like a china chopstick, cut a notch in one end, wrapped one end of the sinew around his finger and placed the notched stick against the bur, and made Bent open his mouth, and he forced the bur or ball down Bent's throat the length of the stick and drew it out of the throat and repeated that three or four times, drawing out (on the barbs) all the dry and corrupt matter each time and opened the throat passage so that Bent could swallow soup, and in a day or two was well enough to eat food. He told me that he would have certainly died if that Indian had not come to his relief.

"The Indian was laughing while he performed the operation. He was the most unassuming Indian I saw among the Cheyennes, but was considered by all the whites that knew him the shrewdest doctor belonging to the tribe. No medicine would of had any effect in removing these obstructions in Bent's throat. It had become as dry as the bark on a tree, and but for this simple remedy Bent would have died. No one but an Indian would ever have thought of resorting to such a remedy."

To the few hundred whites the usual epidemic diseases were less fatal than to the Indians, but cholera—first brought from Europe in 1832—struck both races with equal force. As with smallpox, the use of large doses of whiskey—a pioneer prophylactic—did not lessen the danger of infection from cholera. On April 28, 1832, General Winfield Scott issued the following blanket order:

"Every soldier or ranger who shall be found drunk or insensibly intoxicated after the publication of this order will be compelled, as soon as his strength will permit, to dig his grave at a suitable burying place large enough for his own reception, as such grave cannot fail to be wanted for the drunken man himself or for some drunken companion."

Official reports show something of the nature and extent of the illnesses in the early day of white occupation, but for details it is necessary to read the letters, diaries, and journals of the missionaries. Isolated on the plains they served as both doctor and nurse to their charges and often to themselves. The Rev. Isaac McCoy, sent in 1828 to survey the Indian Territory of Kansas, carried a supply of lime bark, blister "plaisters" (plaster), nutmeg, essence of peppermint, calomel, jallop (jalop), epsom salts, and opium. For an attack of dysentery, experienced on September 4, while encamped on the Marais des Cygnes River, he dosed himself with rhubarb and magnesia, but two days later he reported himself still afflicted.

The Rev. John Dunbar appointed to the Presbyterian Mission of the Pawnee described an attack of "bilious fever" he suffered on August 22, 1835.

"During the night . . . the fever burned in my vein and seemed to be fast drying up the fountains of life. During the day the fever did not run so high, but my taste was now gone, my strength soon prostrated, and I could think of nothing . . . except a certain cool fountain in the vicinity of the mission. . . . I did not have many chills before having recourse to the celebrated bark, a cup of which I took every hour, till I could take no more. After taking the bark, I had no more chills, but was left quite feeble, and without any appetite."

Twelve days later he wrote:

"My strength is gradually restoring, and my appetite has now become voracious."

Dunbar's experience was similar to that of many others.

Numerous missionaries were physicians, or at least had picked up some knowledge of medical practice. The first mission in Kansas, the Osage Presbyterian Mission on the Neosho River, was under supervision of Dr. Belcher. Dr. Johnston Lykins of the Shawnee Baptist Mission had "read" medicine before coming to Kansas, and rendered the Shawnee great service by vaccinating them against smallpox. Dr. Abraham Still of the Wakarusa Mission was said to have been a skilled practitioner. Dr. Benjamin Satterlee was associated with John Dunbar at the Pawnee Mission; Dr. Richard Hewitt served as agent and physician to the Wyandotte; and John G. Pratt of the Delaware Baptist Mission, although not a physician, had a practice that many a doctor would have welcomed if it had carried with it the usual fees.

"Mrs. Pratt had several children, and she had no medical attention at such times except such as Mr. Pratt could give her, and no nurse but an Indian woman. At one time her Indian nurse could neither speak nor understand a word of English, and Mr. Pratt's range of the Indian language was inadequate to the occasion; so an Indian man who could understand some English was stationed on the doorstep and interpreted Mr. Pratt's directions to the 'nurse.'"

Mission teachers accepted care of the sick as routine duty. Clara

Gowing, also of the Delaware Baptist Mission, wrote in the winter of 1859-1860 that "it was arranged for Miss Morse to have care of the boys out of school and I of the girls, each looking after the work and the clothes of her charges; and also caring for them in sickness.

"For my 'Merry Christmas' that December, one of the girls had winter fever, and for New Year's another girl had fever. Miss Morse was confined to her bed, so her cares were added to mine. . . . During that season we had our usual siege of colds and coughs, having several ailing at one time. One night, when Miss Morse was taking medicine herself, she had six little boys sleeping in her room, requiring attention during the night. About this time the agent, Mr. Johnson, allowed Mr. Pratt money for medicine and visiting the sick."

One of the most enlightening and entertaining records of the pre-territorial period is the diary of William Walker, Wyandotte Indian, who became provisional Governor of the Kansas-Nebraska Territory. More French than Indian, he wrote of his own ailments and those of his friends in the Wyandotte Nation:

"July, 1847—Wednesday, 14—Rested well last night, my complaint is leaving me. I have now been free from it for thirty-six hours. Potato soup has been the catholicon in this case. What a discovery. Hear it ye sufferers with rheumatics, sciatica, neuralgia, etc. Boil a dozen or more potatoes till they are thoroughly cooked; bathe the afflicted parts three or four times a day while the water is warm."

"December, 1847—Friday, 31—Something suspicious going on at the Deacon's. More women there than is common. Well, my suspicions are confirmed. The Deacon has had the good fortune to have a son born to him on the last day of the year, 1847."

"Wednesday 5, January, 1848—Went over to see Jacques, found him worse. Symptoms are alarming—bathed him in hot spirits."

"Wednesday 23, August, 1848—Feeling unwell. Try and work it off. In the evening, getting worse. Bloody flux. At night worse. Sent for Dr. Hewitt—became insensible. Took blood. Blistered. Took calomel, blue mass, and all sorts of things. Inflammation of the bowels."

"Friday 25. Improving a little; less fever. Taking oil, Dover's powders, etc.

"Saturday 26. Taking charcoal, morphine, etc. Improving.

"Saturday, July 6, 1850—Called upon Major Moseley's family and found Mrs. M. sick—prepared some medicine.

"September 1851, Tuesday 2—Visited the sick. Scarcely a family to be found in the Nation without someone sick."

Erection of the Territory in 1854 brought the first settlers, the pro and anti-slavery immigrants; and with them came the first doctors to engage in general practice. But the health situation was not improved; on the contrary, sickness increased. Each newcomer faced the same unsanitary and hard conditions of life that existed at the early posts and missions and each settlement was subjected to the same disorders and epidemics.

## CHAPTER III

### *Lanterns*

WHEN REAL settlement of Kansas began in 1854 Florence Nightingale was only beginning her work in the Crimea—a demonstration of what trained nurses could accomplish. All over the world, mothers and experienced neighbors and relatives were relied on to give the best care of the sick.

Most of the hardy men and women who first put plow to the virgin sod of the prairies had grown up in places where the neighborhood united to help those who were ill, and neighborhood bonds became especially strong in Kansas under the partisan conflict over slavery. While some of the new Kansans were fighting to keep themselves free from competition with slave labor, many others were also motivated by a strong vein of idealism—all men were equal and each had responsibility for his brother. One of the early settlers, speaking in 1909, still remembered that "in sickness and death we became one family." Nobody waited to be asked for help. If word of illness, even among strangers, arrived, men and women alike were ready to put food and home medicines in saddle bags and start off—rain or shine, by day or night.



SARA T. D. LAWRENCE ROBINSON

Sara T. D. Lawrence Robinson, in her *Kansas, Its Interior and Exterior Life*, published in 1858, told many stories that illustrated this feeling. She worked closely with her physician-husband, who was later first Gov-

error of the State, and knew everyone in the vicinity of Lawrence, where they lived.

At one point Mrs. Robinson wrote:

"A gentleman, living nine miles distant, sent to the doctor this morning to come and see him. He found him quite ill with fever, in a little cabin, alone, with no one to care for him. So placing him in the carriage, he (her husband) brought him home."

At another:

"Again I gave up my room and made two extra beds on the floor . . . I did the best that I could. Mustard plasters and some simples relieved the difficult breathing."

At that time many of the dwellings around Lawrence were still "shake shanties" and "hay tents." A "shake" was a substitute for a clap-board, made by splitting blocks of timber about thirty-two inches long into shingles. If well laid they made a fair wall, but always provided abundant ventilation. A "hay tent" was constructed of sod and poles and hay, and if it rained outside one day, it rained inside all the day following, for the settlers did not understand thatching. Mrs. Robinson reported that on June 15 and 17, riding Old Grey, she went to care for a patient the doctor had visited the night before, hunted up his horse on the hill, and sent to another doctor for medicines her husband did not have.

"Toward evening . . . we noticed some threatening clouds, and a shower was upon us. . . . Once commenced there seemed to be no end to it. . . . I abandoned all hope of seeing home that night; and the question was, how could we avoid being wet by the rain, which came boisterously in from the north. For a while I sat and read in the corner most removed from the exposed side; but the wind suddenly shifted, and by agility alone I escaped the deluge pouring in from the east. No place was now secure but the corner where the straw pallet lay, with the sick lady, weak and nervous, tossing restlessly, and wishing the heavy shower would cease. To avoid cold and sickness, wrapping myself in blankets, I lay down on the bed, which we supposed the rain could not reach. In all previous showers this had been the dry corner; but the rains were searching. Soon buffalo robes upon the beds, and an umbrella spread over our heads, so arranged that the water should run off on the floor, was our only protection. Yet we slept at last, wearied out by the furious raging of the elements, and hearing, as the last thing, the patter of rain-drops upon the umbrella.

By 1855, one year after the Territory's opening, its population had increased from 1200 to 8601; within the next ten years it grew to approximately 140,000; and by 1870 the long trains of prairie schooners were pouring newcomers into the State at the rate of a thousand a day.

As this flood of settlement swelled over the country side, the character of community life changed. Frequently immigrants arrived in family groups. A son might bring his wife and mother, accompanied

by a sister and her family, who settled near. Brothers settled in bottom land along some creek, the house of the one nearest the ford perhaps becoming a general store where quinine and Ayer's Ague Cure could be had in exchange for a crock of butter or eggs from some neighbor's hens.

In these family settlements one of the women with special aptitude, a gentleness of hand, good judgment, and untiring body was turned to in cases of serious illness. Stories of her skill would spread quickly from cabin to cabin, and the field of her activities would widen to include distant neighbors. Although others continued to volunteer their help and were frequently asked to "sit up" at night with a patient who was critically ill the popular and experienced practical nurse was in heavy demand. This custom continued until better trained nurses were available.

There were usually two or three of these practical nurses in each community and they were usually mothers. Their children never knew at bedtime whether mother would be at home in the morning. Often as not the bobbing lanterns seen at night across pastures and down lanes were carried by these busy women, on their way to care for a chest cold that had suddenly "taken worse," or to answer the call of a woman whose child was choking with croup. There are many accounts of streams forded at flood on such errands, of storms faced on open fields before fences marked the route of roads, and of snowdrifts waded without hesitation though they might conceal deep ravines—all to give help for which no pay was expected or received.



MRS. WILLIAM MARTIN  
*A Good Neighbor Nurse*

So widespread was this neighborliness that the linchpins in the wagon wheel of newcomers had hardly ceased their creaking before inquiry was made on who in the neighborhood was "good in case of sickness." And naturally it was usually a woman who climbed down from the wagon to ask the question while she wiped the sweat from her forehead, smoothed back her hair, and slapped the dust from her slat sunbonnet.

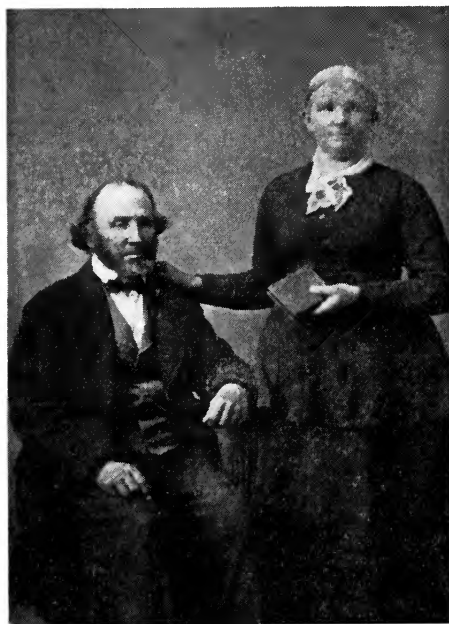
The nursing and medical practices of the frontier women had been carefully cherished and handed down from generation to generation, some

of it from beyond the Atlantic. Some were based on common sense, others on pure superstition, of a kind, however, that modern knowledge has not entirely dispelled even in urban communities. As a rule the common sense quite outweighed the superstition and the practices of frontier laymen were quite as effective as those of their modern successors.

Typical of the lay medical practitioners of early Kansas was Mary Stewart, who, with her husband and their little daughter, Amanda, came from Ohio by boat and landed at the City of Kansas, now Kansas City, in the fall of 1859.

Thomas Stewart was one of the many Kansans who had first viewed the Territory on the 1849 rush to the California gold fields. After he returned home several years later his mind kept returning to the fertile prairies he had seen in their spring loveliness. In time he determined to move to them.

Mary Stewart came of a line of competent, hard-working housekeep-



MARY AND THOMAS STEWART

ers, women who not only scoured their homes to immaculate perfection and prepared the family food and clothing, but also did other jobs of many kinds. When the family had reinked the walls of an old cabin they had taken over, ten miles from Fort Leavenworth in what was called the Indian Field, she bleached the cabin floor white with lye and then covered the inside walls with muslin so well that not a wrinkle or a tack marred the smooth white surface. And as soon as the house was in order she took on the role of schoolteacher for her daughter. A *Bible*, *Burn's Poems*—thick, but pocket size, and set in small type—the *Ladies' Home Repository*, a couple of McGuffey readers, *Pineo's Gram-*

*mar*, and a slate were the equipment of the home schoolroom.

The Territory was troubled at the time. Captain Brown had been killed at Easton, a settlement not far from their new home, and a man had been found hanging among a clump of trees on Stranger Creek. The Stewarts, however, went about the business of homesteading with determination and, though they tried to keep out of factional strife, were not

afraid of it. Among the first chores of Mrs. Stewart was the planting of an herb garden with the "starts" she had brought with her with Ohio. An herb garden was the family medicine closet of the day and recipes for various concoctions to be made from the roots and leaves were part of every good housewife's lore.

Soon Mrs. Stewart was sharing her drugs and knowledge with her neighbors and before long was in great demand when anyone became ill.

Her unpublished *Recollections* reveal the quality of her ministrations and the soundness of the methods she had worked out with merely the aid of common sense:

"Spotted fever was contagious, but not often found. Its symptoms were high temperature, accompanied by delirium, vomiting, and a blotched condition of the skin all over the body. This disease once broke out in a family where there was great uncleanness. The mother knew nothing of how to care for the sick. The first thing that was done for the three children, all of whom were very sick, was to give each one a bath in strong soda water. Thomas brought clean underwear from home for them and left it where it could be found, but did not go into the house. For three weeks the children were bathed and kept in bed, eating thin soup and toasted bread, with enough physic to keep the bowels open. All got well."

One of Mrs. Stewart's daughters added:

"It seemed very wonderful after all that time when we looked out one day and saw Ma, a sweet and patient woman, walking up from the road. We rushed to meet her, but she insisted that we stay inside. She did not come in, but went to the smokehouse where she washed herself all over with strong soap. She could not afford to destroy her clothes. To disinfect them, she dug a hole in the ground, where the dirt was rich and black, and buried them. Several weeks later she dug them up, and hung them on the clothesline to sun for several days. After that they were washed in a suds separate from other clothes and ironed ready to wear."

Both pioneer doctor and nurse worked under handicaps sometimes forgotten today. All but a very few doctors made their diagnosis merely through observation and consideration of the sufferer's complaints. X-rays, bacteriological and chemical tests, and many of the examining facilities common today were still far in the future. Even in the cities there were many physicians who rarely if ever used as much as a stethoscope or thermometer.

If diagnostic methods were crude, even among physicians, medication was equally primitive. The more ambitious physician kept a vast collection of drugs in his office. If one failed to give results another was tried. If the patient got well credit was given to the last drug administered. While some intelligent physicians had little faith in most of the pink, brown, and black pills and liquids in their collections and realized that nature, given a chance, was responsible for most cures, they often

yielded to the popular insistence on medication, which, to the average man, was helpful in direct proportion to its bad taste and the violence of the physical reaction it produced.

The housewife-practitioner, especially in the country, usually compounded her own drugs and by the time Kansas was settled there was fairly common agreement on which were most useful. Cookbooks and household compendiums of the day frequently gave instructions on the preparation of various herbal and other doses. Modern science has demonstrated that many of these homemade drugs were valuable. Where the treatments went far astray was in the administration of totally unnecessary irritants, internally as well as externally. A treatment had to bite—make its presence felt emphatically—to be considered valuable, by the patient quite as much as the nurse. But Kansans were hardy people, little given to pampering themselves, and when they felt the need of medicine, when they could no longer “tough it out,” they were often in a state where drastic treatment seemed essential.

Colds, vague aches and pains, skin eruptions, rheumatism, and the like were disregarded. Only acute infectious diseases, wounds and broken bones that “mortified,” and crippling afflictions could not be ignored. “Mortification”—the sloughing of flesh as a result of wound infection—was especially feared, for it frequently followed the axe cuts and compound fractures common in newly settled regions. Urban dwellers who had the best of physicians also had need to fear this condition until well after the Civil War. It was not until 1867 that Lister applied Pasteur’s discovery on causes of decomposition, answering the question of why wounds became infected. Before that time death walked the wards of surgical hospitals.

Most treatments of internal disease began with a cathartic—a “physic” it was called. The mildest was made by steeping senna leaves in warm water on the back of the stove.

If a cold victim reached the point where he was too acutely uncomfortable to forget his troubles—or if his wife badgered him into permitting care—treatment often began at the throat, which was wrapped with flannel that had been saturated with turpentine, or held a piece of fat pork that had been so treated. If there seemed danger that a cold was “going down,” the patient was wrapped in blankets and placed in a high-backed rocker near a stove or the fireplace, with quilts over and around him covering a bucket or tub of warm water in which his feet rested. The empty candy buckets of cross-roads stores were long prized for this purpose.

Some imaginative people, unsatisfied with mere hot water, would add wood ashes, to increase the feeling of heat by irritating the skin. Then came hot “tea,” lots of it, which provided a good vehicle for more medicants, according to the predeliction of the patient or his nurse. Some used sage, others elecampane—especially in case of bronchitis—and yet others mullein that had been gathered in summer on sunny hillsides and stored for winter use.

Dr. Simeon Todd, who established the first board of health in Kansas City, Missouri, was partial to ginger tea. His niece, Miss Lida Todd Aaron, of Wichita, whose interest in medical practice made her buy whatever books she could find on drugs and therapeutics, regarded mustard plasters with high favor for relieving all kinds of congestion. (Had Mrs. Aaron been a man she would probably have set herself up as a doctor, but in those days no woman would do such a thing.)

A chest poultice or plaster always entered the care of a cold at some point. A standard home remedy was to rub the chest with lard and turpentine and cover it with warm flannel—preferably red. Others beside Mrs. Aaron depended on a mustard plaster or a plaster of spices. No one would have considered mere heat very useful—there had to be sting and redness left when it was removed. But these additions rarely did any harm and they did ensure warmth that helped relieve congestion, they increased sweat, and they kept the patient quiet and in bed.

Sometimes a gargle was used. It might be merely hot salt water, though this did not have enough authority to convince many of its efficacy. Red pepper tea still is remembered as "most awful."

Every family had a favorite cough medicine. Homemade horehound candy was kept in reserve, especially for children. Adults were more likely to be given sugar, butter, and pepper—though children also occasionally had to take it by the spoonful. Another standard cough medicine was made by boiling slippery elm bark, flax seed and rock candy in elecampane tea.

If pneumonia developed, any or all of the cold remedies were resorted to and a poultice of hot fried onions was often placed on the chest and a bag of hot hops on the abdomen. When the onions turned green they were said to be "drawing out the poison."

Occasionally treatments were even more primitive. In severe cases of croup, when all other methods failed to bring up the phlegm, desperate mothers would give a dose of urine, which, by producing vomiting often brought the desired result.

Dr. Allen White, who came to Kansas in 1859 and practiced in both El Dorado and Emporia, had many patients who lived fifty miles from town. His son, William Allen White, the Emporia editor, wrote:

"Years ago a man told me that when he was a boy some time back in the 1860's, he was desperately sick with diphtheria. They had given him every known remedy. My father had exhausted everything he had in his medicine case. He was far out in the country. In his desperation, as the child grew worse, my father went to the kitchen and looked over every possible medicating thing he saw there. Finally he pulled the potato stopper off the kerosene can, poured out a glass full of kerosene, and literally drenched the boy's mouth and throat. In a little while he did it again, and again. By some miracle, possibly nature, probably some medical principle in the kerosene, it relieved the boy and he lived to tell the tale. I saw him as an old to middle-aged man."

Warm water or a sliver of fine soap was injected into the bowels of constipated infants. A warmed saucer on the stomach relieved colic, and pipe smoke an aching ear. If children had worms, a not uncommon complaint, they were given sage from the garden rubbed into powder and mixed with sugar or molasses; or they were made slowly to sip a tea made of pumpkin seeds. Thyme, old man, (rosemary), rue, and violet leaves from the garden—each had its own place among the remedies. Nip, a favorite of cats, was used for hysteria and sometimes in tea for colicky babies. Slippery elm tea was believed to make childbirth easier. Poultices of dampened tea leaves or scraped potato were also considered highly beneficial for insect bites and stings. For severe pain, poultices of horseradish root or leaves were applied as needed and removed only when the skin grew dangerously red. Boils and swellings were poulticed with hot bread and milk, with flax seed, sometimes with a roasted onion, and often with nightshade. (The nightshade had some value as a local pain killer.)

It is told that after a little Scotch-Irish woman in Leavenworth County applied a huge nightshade poultice to her leg, which was swollen almost to bursting, she snorted wrathfully, "Now ache, will ye!" The cause of her condition was never accurately ascertained, but neighbors saw vindication of the treatment when the condition disappeared.

If a child was given to bed wetting, he drank tea made from watermelon seed or the common broad-leafed plantain, which was highly valued as a remedy for all kinds of bladder conditions. A "run-around" on the finger—an infection at the rim of a nail—was poulticed with a mixture of homemade soap, turpentine, and salt, to "bring it to a head." After it was opened the infected area was washed with castile soap—a good germicide, as modern research has proved. Sassafras tea, made from roots and barks, was served at the table like tea or coffee "to purify the blood," and in spring sulphur and molasses was a sovereign remedy to "thin the blood." Mothers of children who disliked the molasses mixture used brimstone—sulphur in a form that crunched pleasantly.

There was sound reason for these treatments, which supplied minerals often lacking at the end of winter. In summer food was abundant in the Territory. Chicken, ham, buffalo tongue, both wild and tame strawberries, blackberries, grapes, and other fruits, nuts and a variety of vegetables were available. But there were long stretches in winter when bread, salt pork, game, cornmeal mush and molasses were the staples. Even milk was usually scarce, for most cows were poor producers, and the owners did not especially value dairy products as a foodstuff.

Another seasonal remedy, used to protect children from the contagious diseases that flourished in late winter and early spring, was a little bag of asafetida, usually called "asyfidity," suspended from a string tied around the neck. The odor was so disagreeable that when opportunity arose the string was frequently broken and the bag "lost." There is a theory that the value of this treatment lay in the fact that children subjected to it were unwelcome in other homes—hence had less opportunity to pick up infections.

Tansy, used the year around for dyspepsia and jaundice, also served in a primitive beauty treatment. Soaked in buttermilk, it was used to bleach out summer tan and freckles. For "summer complaint," the dysentery common under primitive sanitary conditions, dog fennel from the pasture, or purslane, a weed commonly called pursley, was made into a "tea." Another common treatment for this disorder, to which babies were especially subject, was laudanum. A drop of the drug was beaten into the white of an egg and fed to them slowly and carefully. This, however, was based on sound medical practice of the day, though the dangers of the drug were not understood. A neighborhood wise-head was once called to see an old man, who, after two or three days with no relief from an abdominal disorder, had taken so much laudanum that he had fallen into a stupor from which he could not be aroused. After giving him several cups of strong coffee, two men, one on each side to keep him from slumping, had to walk him for three hours before it was safe to let him rest.

Red flannel was especially prized for application of heat; red was a symbol of fire—ergo it must be warmer than white. Dipped in hot turpentine, it was used for relief of all kinds of abdominal pain. Primitive diagnosticians could not differentiate between appendicitis, and other ailments causing what were called "belly-cramps" and all were treated alike—often with fatal results.

A remedy used in extreme cases of chronic flesh infections, especially old burns, was rarely discussed openly; it was made from chicken droppings. The white parts of the droppings were put into boiling water, which was then strained into unsalted butter and boiled slowly until the not-fatty liquid had evaporated. Sometimes burned egg was substituted for the butter. In that case the resultant compound was black.

A home remedy lately justified by science was that used by the housewife scalded in the course of her work. She would reach for the tea leaves in the pot at the back of the stove and clap them onto the burned flesh. A tannic acid solution is now considered the best treatment for burns.

The small concern of the period for exactness in dosage is startling to a person of today accustomed to dosages carefully administered in drops or cubic millimeters. "If a little's good, more's better" was the common belief. When suffering was acute the entire contents of a bottle were sometimes "downed," with the result that the doctor and family might have to work feverishly for hours afterward to rescue the victim.

Among the diseases of the period that afflicted everyone was malaria, called ague by the people of the frontier. Though itself was rarely fatal, it was very debilitating and made the victims susceptible to other diseases. It was a distressing malady, marked by intermittent chills and fever, which sapped the strength and yellowed the skin. Medical theory of the day was that it was caused by "miasmatic exudations" of virgin sod newly turned and that it diminished from year to year as land was brought under cultivation. Nearly every family succumbed at some

time, and it was always present in a neighborhood; a spectre stalking about in the "poisonous night air," forever near damp feet or dew-draggled skirts. Though the attacks shook them every other day till their knees knocked and their teeth chattered, the resolute people continued to herd their cattle in the pastures prized for their ponds and pools—the breeding places, as is now known, of the malaria-carrying mosquito. The victims wryly referred to the attack as part of the process of "getting acclimated" and spoke of "aguin' 'round." Children caught at school in the chilling stage huddled near the stove; or at home they rolled together on comforts under the kitchen table where they could warm each other and keep out of the way. Older persons lay on cots, each holding to his abdomen a bag of hot salt or a stove lid that just missed charring the paper and rags wrapped around it. If the family still cooked at a fireplace, hot rocks were used instead of a stovelid; these were hooked out of the blaze and cooled to the proper temperature on the hearth while someone watched the baby of the moment to see that it did not stumble on them. Following the chill came high fever which lasted from six to eight hours. If the attack was so acute that there was violent delirium, it was spoken of as "tolerable smart," if mild, the victim was "kinda sufferin'." During the second day, unless there was stupor, a great deal of food was eaten to fortify the victim for the next day, when the weary round might begin all over again.

The disease was so common that home medication was the rule. Ayer's Ague Cure, whose content like that of most patent medicines of the day was largely alcohol, was widely used. Quinine was effective, when obtainable, but was not then fully recognized as a specific. The common method of taking it was to mix it with whiskey, making "bit-ters" that were kept in a jug behind the door. Prohibitionists and teetotalers took the medicine in jelly or swallowed it in coffee, since it was not then sold in capsules.

Some ingenious souls invented a capsule of sorts. They would heat and lightly butter two of the family irons, drop a bit of flour and water batter on one, and quickly press the bottom of the other iron against it. The result was a thin brittle wafer, which, before use, was softened for a few minutes in water. The quinine was then put on the middle of the wafer and the edges were pinched together. The size of the dose varied with the frame of mind of the person doing the prescribing. If a man felt miserable enough he might take a massive dose that often caused a cure, or at least broke the cycle of attacks for a while. Men who liked to show bravado took their quinine straight. What would stay on the end of a jack knife was their standard dose.

Some Kansans were puritans who gloried in misery. They held that it was evil to pamper the body. They were especially sure that the more distasteful the medicine the more beneficial it must be. This Spartan spirit sometimes even made them deny drinking water to parched fever-sufferers. Though the belief had begun to decline in the days when Kansas was settled, there were still a goodly number of people, doctors

as well as laymen, who asserted that the sufferings of childbirth should not be alleviated. They were a divinely decreed heritage of the daughters of Eve.

In those days of large families the most common call for outside nursing assistance came with the advent of a baby. Even in the cities of the East many women preferred to depend on a practical nurse, or an experienced relative, for this occasion. On the frontier doctors were often unavailable but even when they were, they might not be called unless conditions seemed abnormal. This was probably just as well. Training in obstetrics found small place in most medical courses of the period and the practical neighborhood nurse often managed to pick up quite as good experience as a doctor. More important, she was less likely to hurry up labor in order to be free for other duties, and, above all, she had less opportunity to take dangerous bacteria to her charge. Until the 1860's, when Semmelweis' theories and demonstrations on the causes of what was then called "childbed fever" began to be taken seriously by members of the medical profession, even the most careful physicians unwittingly contributed to the high maternal mortality rate, carrying the virulent streptococci to the new mother from one of the many other patients he would have seen in the course of a day—the boy with an infected finger, the man with a boil, or the little girl with sore throat.

Most women tried to "make arrangements" for the occasion well in advance of need, though pre-natal care was unheard of. Preparation consisted of asking some neighbor or relative to assist for a few days, or at least at the time of delivery, and of doing a thorough house-cleaning—no woman would want outsiders to find dust behind trunks and in cupboards. If the baby were the first, friends and relatives usually assisted the mother in getting together clothing for the newcomer, possibly merely adding to garments used during her own infancy and brought west with her. If there had already been one baby there was always a used outfit stored away; it was brought out, washed, bleached in the sun, and placed in a handy drawer.

Babies have a way of coming at night and women of putting off the call for assistance to the last possible moment. So it was that the midwives of the Kansas frontier were often summoned from their beds. If the patient lived near, the husband or whoever had come for the nurse might return home at once and she would follow as soon as she could dress and pick up her contributions—possibly a roll of old linen or the cake of castile soap that early became a standard piece of equipment for such occasions. When the patient lived far away, the nurse might ride horseback with her summoner.

If a doctor had been sent for the nurse usually arrived ahead of him. Whether he was coming or not the ritual was practically the same. Unless the home was quite isolated the older children would have been sent away on a pre-arranged visit—an event they always loved. The older ones always pretended they did not know why. After looking over her patient and judging how much time remained for preparations,

the nurse, while offering words of cheer and advice as needed, would make sure that water was boiling and that there was plenty of fuel. If neither was at hand she usually detailed someone else to the job while she "fixed" the bed, the expectant mother directing her to the supplies between spasms of pain. If the family was of the reasonably thrifty sort, the bed might be a standard black walnut brought from the East. Over its slats or cords would be a tick filled with straw or shuck and on that a plump feather bed. Drawing the bed away from the wall—as far as the boxes beneath allowed, storage space being scant in early Kansas—the nurse, after stirring and plumping up the feathers, would protect them with layers of old quilts, old rags, and papers. A sheet, usually a worn one, was drawn tight over the mound.

Next the baby clothes were spread out near the fireplace or stove. There was always a "belly-band" wide enough to be of use for several months and sometimes gored at the bottom; a woolen or flannel shirt with tiny long sleeves; a Canton flannel underskirt on a band—home-made like everything else; cotton or linen petticoats and a dress—all at least a yard in length. Even the first dress often had an elaborately tucked and frilled yoke and might have a foot or so of tucks and embroidery around the bottom. Usually there was a pair of stockings also, but no matter how small they were always much too large for the average infant. Several squares of flannelette would be folded into a triangle and placed in a warm spot.

When the time came for the expectant mother to go to bed, she frequently donned two nightgowns, the outer one with tucks and frills, both of them high-necked and long-sleeved.

Whether a doctor or a nurse assisted with the delivery, one or both sat on the side of the bed, bracing themselves against the patient's knees and holding her hands. As one old nurse reported, "She could pull an awful weight that way."

When the baby arrived the cord was tied with string or a bit of linen—occasionally ironed in vague recognition of the value of heat in making it "clean." If the newcomer did not immediately let out a lusty yell the nurse would give its back sharp slaps until breathing seemed normal, then place it in an old blanket near the foot of the bed. After delivery was complete and the mother tidied, the nurse turned to the child. Sitting before an open fire, or in front of an open oven door, and surrounded by chairs draped with quilts to keep off drafts, she would hold the babe on a blanket in her lap and rub it with a cloth dipped in tallow. Sometimes she also sponged the face with warm water and castile soap, after testing the water with her elbow to make sure it was not too warm for tender skin. The stump of the umbilical cord was covered with a square of linen sprinkled liberally with parched flour, which was also used in the creases of the body. The dressing was held in place by the bellyband, which was wound round and round the tiny body on the theory that it needed support. Next came the shirt, then the diaper, at least two petticoats, and the dress. A jacket might

be added, and a cap to protect the head from draughts. Sometimes the baby was put to bed with the mother, particularly if she had to be left at home in the house for a while; more often it was put in a cradle devised by the father, who would hold it proudly near the fire to "get the dampness out."

Daughters of fourteen or more were considered old enough to stay at home and assist, at least in the kitchen. If the mother needed special attention the girl might be told to "clean up the baby," the mother and nurse directing her anxiously at each step. Such training early prepared a girl to care for her own babies without undue trepidation over their fragility.

While the nurse did not receive any fee for her services in rural communities, a doctor generally did. The regular fee charged in the early period was three dollars and a half, regardless of distance. This covered delivery of the baby and one trip afterward. In rare instances five dollars was charged. Sometimes no fee was forthcoming. Judge Volney P. Mooney of Butler County, whose father settled in Towanda in 1869, said that while he was still a small boy, the family doctor stopped at their cabin for dinner one day. Under his arm he carried a big red rooster. "Vol," he said, caressing the fowl, "I found a baby up the creek; it was a boy, a *fine boy*; I got paid."

The mortality rate among mothers and the newborn in Kansas, as in the rest of the country, was high. There were abnormal conditions then as now and little could be done about it. Frequently both mother and baby died. Midwives and physicians who attempted to deal with such conditions or to shorten labor were often responsible for the deaths.

No one knew what to do when the newborn did not show vitality. After two neighbors had worked all night with a German woman in labor the baby was finally born. They knew something was wrong with it—at times it seemed to breath normally, then would stop and gasp. They thought it was his heart. Finally they determined to feed it. Milk was given and one of the women went home to her own children. But she was not surprised the next day when the father came to the door to say the baby was dead.

Sometimes it was not a matter of abnormal condition that caused the trouble. Slow transportation and poor communication gave rise to emergencies, and inexperienced or stupid women had to be pressed into service. In a small town on one of the first railroads to push across the State was a woman who expected each day for a month that delivery might be at hand. No relatives or competent women were available to help and the nearest doctor lived nine miles down the track. Since the roads were a "loblolly" of mud, the father—a professional man—had arranged with the men who worked that section of the railroad to watch for a signal and bring the physician on their handcar. One morning after the handcar had passed and the husband had left for the day, the baby arrived suddenly with only a frightened woman from across the street at hand. She stood by helplessly, too paralyzed to bring even the

supplies asked for by the patient. The mother saw her baby slowly turn blue. When the neighbor saw it was unable to breathe, she dropped it on the bed and began crying hysterically, "Oh, Lordy, Lordy, what shall I do!" The mother raised herself on her elbow and spoke sharply, "Pick it up this minute and spank its bottom. Quick, a right firm spank." Galvanized by her tone, the terrified neighbor obeyed until the baby gave a yell satisfactory to the mother.

Homesteading was hard enough in the fairly safe area of eastern Kansas, near the old military posts, missions, and overland trails, but infinitely harder near the Indian country. People tempted by fertile land to try settlement in that hazardous region had few neighbors until after the Indians ceased to rebel against the attempts to confine them in small and none too fertile sections of the vast region they had once roamed freely. The conditions lone families faced on the border accounts for many of the graves now hidden by bluestem in little country cemeteries.

Experiences of the Carsons were typical. Arriving with their children in the late sixties, they built a house that was half sod, half dugout, though their chief furnishings indicated the kind of home they expected to re-establish. In the single room—made into two with the aid of a buffalo hide—were a marble-topped table, a spooled walnut four-poster covered with homespun linen sheets, a Feathered-Star quilt, and a blue and white woven counterpane. A little pot-belly stove, fired with buffalo chips, provided both heat and a means of cooking and baking.

All the first summer Anna Carson toiled as hard as her husband to make the house snug for the prairie winter and plant and store corn and onions to augment the buffalo meat that was to be their mainstay until spring came again. By the time the next baby was ready to arrive the winds had piled snow almost to the top of the chimney pipe and the cottonwood by the hay barn was popping with cold.

The nearest experienced woman, Auntie Rachel, lived nine miles away. Need for her developed late one afternoon and Carson started off anxiously through the drifts, his mind on the Indians who might make a raid in his absence. Hours passed before he stumbled back to report that he had reached the Browns and they would do their best to break a road to Rachel. More miserable hours passed. At three in the morning the nurse arrived on horseback, so frozen in spite of layers of shawl, petticoat, mittens, and hood that she could hardly alight. Alarmed by his wife's drawn face and weakness, Carson proposed that he set out for the nearest doctor—at the military post fifty miles away. The practical old nurse vetoed that, invented chores to keep him busy, and did what she could to make her patient more comfortable. It was dawn before a husky boy baby appeared, with a satisfactory wail.

After Aunt Rachel had finished her sick-room duties, she cooked the breakfast of bread and buffalo steak laid out the night before by Mrs. Carson, ate her share, and started back home to do her own housework. On the following day she came over again to make sure all was well.

Carson did the rest of the nursing during the few days his wife remained in bed.

While the worst of the pioneering period was over by 1870, its end had been retarded by the drought that lasted from June 1859 until November 1860. During the winter of 1859 snow started twice, skirled across the pastures without more than powdering the ground, then disappeared. For two summers homesteaders prayed in vain for rain again to thrash the soil and roar over roofs. Cattle destroyed the cottonwoods



SANDSTONE AND COTTONWOODS—Birger Sandzen

along dry creeks by gnawing the bark. More than 30,000 homesteaders, almost a third of them, gave up and moved away. Another third had to take help from outside Kansas. The remainder managed to stick it out.

With the end of the Civil War and passage of the Homestead Law, drought dangers were forgotten and settlers began to pour into Kansas from abroad as well as from the East and South. The new railroads, pushing westward in all directions, brought them in by the thousands. After their futile attempts to regain Kansas in the 1860's, the Indians retreated to regions less attractive to settlers. The increase in land values in eastern Kansas and the profits from war-time agriculture helped to replace the crude shelters of the first period with houses of stone or

frame, all similar in design. Some had porches, parlors, and even spare bedrooms.

Sickness became less terrifying with neighbors near and doctors more plentiful, though there was no great difference in treatment and care for some decades. While a person who was ill might, and sometimes did, have a bed to himself or even a room, more often a bed was set up for him in or near the kitchen, which remained the dining and living room, except on gala occasions. There the housemother could keep an eye on him as she churned, baked, sewed, nursed the baby, and did the thousand and one other tasks that were part of the daily routine. An even more urgent reason for this arrangement was the difficulty of warming bedrooms adequately in most houses.

## CHAPTER IV

### *More Lanterns*

INCREASE in population increased the number of people who suffered infectious diseases. Diphtheria, scarlet fever, smallpox, measles, whooping cough, mumps, chicken pox, typhoid, and dysentery, always present, began to appear in epidemics and sometimes in virulent forms. In the worst cases a doctor's advice was asked. But with many families taking pride in never calling a man of medicine, and others asking professional advice so rarely that when a physician was called it was understood that death was probably imminent, a large part of the victims never saw a doctor and—in the case of smallpox and cholera—were buried without benefit of clergy or formal service.

Treatments depended on the judgment and tradition of the nurse. Children with measles were usually kept in a warm bed in a darkened room during the acute stage, were given hot drinks "to bring the measles out," and had the attentions customary for a cold, if symptoms indicated need for them. Care for diphtheria, called "membranous croup," was similar. Typhoid, less easy to diagnose, often terminated fatally because of purging and other drastic treatments for abdominal pain.

As the infectious diseases with foci in the respiratory tract were more prevalent in the cool and cold months, and the houses of sufferers were always filled with sympathetic visitors, it took only a couple of weeks to spread the diseases widely through a large community. Some mothers were careful to keep their children away from the victims, but felt no qualms about sitting on the patient's bed and feeding him or wiping his nose while on a neighborly visit. Other mothers cheerfully exposed their children on the theory that an attack sooner or later was inevitable and it was just as well to get it over with. Even after a State Board of Health was established in 1885, and quarantine laws were passed, there was little change in practice for many years. People were slow to accept "germ theories" and indignant at the idea that they were considered dangerous to others; doctors were slow to inconvenience and antagonize clients and some of them remained sceptical of the effectiveness of quarantine measures. People went on dying of preventable diseases or survived with weakened hearts and other crippling aftermaths.

It was early recognized that people with chronic "lung trouble" often improved if they lived out of doors. In the 1830's and 1840's a trip on the prairies was frequently recommended for patients with tuberculosis. If the trouble was discovered at an early stage, it was sometimes

cured by this treatment; if late, the journey hastened the end. But there were no warnings on measures to prevent infection of other people and the sufferers shared beds and dishes with fellow-travelers. Later, when it was found that in the elevated land of Colorado people having tuberculosis felt better and were more easily cured, it became the medical fashion of the day to order them to that region, usually with instructions to stop for a time in Kansas in order gradually to become accustomed to the change in climate. The majority of the victims being poor, they traveled in covered wagons by easy stages and camped on the prairies for days and weeks, often in company with others similarly afflicted. Sometimes the open-air life was beneficial; just as often, however, it was not, especially for the men, who were disinclined to rest and eased their boredom by bouts of whiskey drinking. No precautions were taken to isolate the "lungers," for the disease was considered merely a result of constitutional weakness. Koch did not demonstrate the existence of the tuberculosis bacillus until 1882 and the news of his findings spread slowly.

Smallpox, much more spectacular in its course and results, was widely feared. The victims, particularly the homeless, were often abandoned in old buildings and corn-cribs. Sometimes the compassionate, holding cloths before their faces, placed food and water outside the door, which the sufferer would take in if fever and aching joints did not make him indifferent to his fate. It was customary to open pustules as soon as they appeared, on the theory that this shortened the course of the disease and reduced the number of scars. No one thought of using oil to protect the skin and ease the itching. If anyone tended the patient it was usually a doctor or other person who had already had the disease. Even children were frequently deserted. One child who survived was isolated in her father's warehouse and cared for by the hired man. When recovery was well along a bath was permitted and removal of the accumulated filth hastened the return to health. Attendants were careful to keep their hands clean but most were too inexperienced in aseptic techniques to make the measure really useful. The chief contribution of the nurse was that he or she gave the patient some sense of security, lessening the horror of the dread visitation.

Just why people so obstinately opposed vaccination in the face of such universal horror over the disease can only be accounted for by complications frequently attending the preventive measure in the days before proper techniques were in common use. Inoculations with human pox, to give immunity or a light, controlled attack, were common on the Atlantic seaboard by the time of the Revolution and Jenner's method of vaccination with cowpox had been accepted by the early 1800's.

A smallpox tragedy in western Kansas in the 1880's indicates that some people did appreciate the value of vaccination. A young man named Thomas Lang visited his sick sweetheart in Larned, unaware that she was in the early stages of the disease. After his return to his cabin on a quarter-section two miles north of Hanston (then called Marena), he became ill and before long a cousin was also in serious condition. The

two young men cared for themselves as best they could until Thomas' brother Ray had himself vaccinated by a well-to-do Bostonian on a ranch nearby and went over to care for them. No one knows how the rancher happened to have the vaccine with him, but it is told that when his supply gave out, as other neighbors asked for the same protection, he resorted to scabs from the arms of those who were recovering in order to continue his help. A man named Simpson, perhaps one of those who trusted vaccination, later joined Ray Lang in caring for his brother and cousin. Although neither contracted the disease their heroic services were of no avail. Both patients died and were buried by their amateur nurses.

The most devastating of all communicable disease epidemics in Kansas history first appeared in the early days of settlement. In 1830 Asiatic cholera had been brought to western Europe by pilgrims to Mecca, and soon crossed the Atlantic with the immigrants. During the first epidemic the disease was confined to the port cities—notably Boston, New York, and New Orleans—but later arrivals from Europe, moving toward the newly opened lands of the West, spread the intestinal infection along the main routes of travel, the Erie Canal, the National Road, and the Ohio and Mississippi rivers. Travelers congregating at St. Louis, Independence, and other jumping-off places lived under conditions ideal for spreading the bacteria. In the absence of the simplest sanitary conveniences, and any system of offal disposal, it was inevitable that all wells and watering places should soon be polluted.

The great European epidemic of 1847-8 came at a time when migration of would-be settlers on western lands was reaching flood-tide. In 1849 five or six thousand people died of cholera in St. Louis alone, residents as well as transients. The hordes dashing westward to the California gold fields carried the disease as far as the Rockies, for those who escaped infection in Missouri picked it up at camping-spots along the eastern part of the trail, and in turn polluted the drinking water farther west. The period of incubation is very short—two to five days—and there are few preliminary symptoms before violent pains and purging begin. One of the horrors was that a man, woman, or child might feel quite well at breakfast and be dead before sundown. It is no wonder that at the first sign of attack sufferers were deserted. Thousands of trail travelers died, most of them alone, in eastern Kansas, for the number of victims declined with distance from the heavily populated centers.

There were fewer cases in 1850 and 1851, but a resurgence in 1852 and 1855, lesser epidemics in 1866 and 1867, and again in 1873. By the 1880's the cause of the disease and the way it was transmitted were known and better sanitation prevented further epidemics.

Kansas had few residents during the early cholera visitations but by 1855 there were enough to provide local cholera history. In the City of Kansas ten young men died in the course of two hours and a woman who helped with the nursing remembered afterward that she had been

unable to sleep day or night because of the hammering and sawing of the coffin makers.

On June 3, 1855, Mrs. Sara Robinson wrote:

"There has been a good deal of cholera a few miles from here, mostly among the Missourians. They lived in abject filth, and drank of the stagnant water in the bed of the Wakarusa, when the water was at its lowest, from a ten months' drought." After other references to the epidemic along that stream, she decided: "In many cases a sad want of personal cleanliness was the prolific cause."

Throughout the season of heat and flies the epidemic continued. Settlers coming to town to buy supplies carried the disease, as well as flour and salt, home with them. In isolated cabins whole families were stricken, with no one to care for the sick or bury the dead.

Blackmar in his *Kansas History* wrote: "On August 1, 1855, a case was discovered at Fort Riley. The disease developed rapidly, and on the second day there were several deaths. Panic seized the troops and the citizens in the vicinity of the fort, and all who could get away, left at the first opportunity." Dr. Simmons, surgeon of the fort, was among those who fled. Major A. E. Ogden, who had established the post in 1853, remained, as physician as well as commander. On the third day fifteen more died, the major among them. His heroic care of the sufferers in the brief interval before he succumbed was so notable that it was later commemorated by a monument. The limited number of male orderlies was augmented by men from the ranks by promises of greatly increased pay. But the number was still inadequate. A young newspaper reporter from Weston, Missouri, finding a corporal's wife alone and desperately ill, rolled up his sleeves, told her he was a physician, and fed her quantities of hot water until he saw her on the road to recovery. The only women known to have shared the nursing were the wife and niece of the post chaplain.

The epidemic of 1867, beginning in June, ran through the chain of forts and military posts strung across the State to protect railroad construction gangs and travelers on the trails. Detachments on patrol duty and men on leave in the trail settlements picked up the infection and carried it to the posts, from which in turn it was spread widely by every platoon sent out. New settlements were decimated or deserted by panic-stricken people, who in their hegiras helped spread the infection. The new town of Ellsworth had a population of a thousand on the first of July, a few days later only a hundred. Drivers of herds from Texas fell by the wayside and cattle were left adrift with no one to look after them.

In her *Memoirs of Major Frank D. Baldwin*, Alice Blackwood Baldwin wrote of Fort Harker: "The wife of the post surgeon was the first to die, followed by Mrs. Chase, who died in childbirth. . . . The cook of the post surgeon was the next to pass away. The evening before . . . she had been over to see me. That night she died. The first intimation of her death was when I walked out on the veranda of my house next

morning and glanced over at the next quarters. I saw a row of something under a canvas covering, and one of them was poor Bridget!"

During the lull that followed the initial outbreak the Eighteenth Kansas Battalion moved southwest and made camp on Walnut Creek near Fort Zarah. An hour after an eight o'clock supper the place was full of screaming men, writhing with violent cramps the doctor was helpless to alleviate. By morning five were dead and thirty-six in a state of collapse. The commandant hastily abandoned part of his supplies in order to load the sick in wagons and carry them to a more suitable place. That night near Pawnee Rock the survivors were fed soup made of a buffalo calf. The swift departure from the newly polluted area saved the situation. There were no more deaths.

At Fort Hays and the neighboring settlement of camp-followers the disease found many more victims, one hundred and forty-eight dying within a few days. Women of the brothels astonished the more conservative people by assuming the job of nursing the stricken gamblers and bad men, moving from tent to tent with lanterns as heroically as their more respectable sisters. At the post itself Mrs. Polly, wife of the hospital steward, nursed many soldiers before she herself was stricken and buried among the men. Memory of the epidemic remained strong in Hays City, the respectable successor of Rome, and when in 1905 it was decided to remove the bodies from the cemetery of the long abandoned post the townspeople protested loudly lest the opening of the graves start another disastrous attack.

Fort Wallace also suffered severely. The men had been exhausted by a campaign along the Platte during which they had been badly provisioned, and they were living in dug-outs where they slept on bunks of earth and lacked even rudimentary sanitary facilities. In *Tenting on the Plains* the wife of General Custer wrote: "The wife of one of the officers, staying temporarily in a dugout, fell victim and died in the wretched underground habitation in which an eastern farmer would refuse to shelter his stock."

Especially tragic was an outbreak among the Wichita Indians, peaceful agricultural people who had been driven out of Indian Territory during the Civil War by southern sympathizers and permitted by the Osage to settle at the mouth of the Little Arkansas. Aided by gifts from the Comanche, they were once more becoming prosperous when cholera was brought to them by troops protecting the Santa Fe Trail. Terrified by the violent new illness, the survivors fled toward their old home along the Washita, leaving unburied the bodies of those who succumbed during the journey. The bleaching bones of these unfortunates were responsible for the naming of Skeleton Creek. The disease was still with them at the Washita. Whole families died and their bodies and possessions were burned together, a primitive method of disinfection that probably helped to save the remainder.

The disease was so new to America that no great body of folk lore and folk practice had developed about it. There was a general belief,

however, that moderate whiskey drinking was helpful in preventing an attack. Mrs. Custer reported that during the epidemic one Kansas saloon of 1867 had a whiskey barrel before the door with a sign "Free. Help yourself." She added that though some men indulged lightly there was not a single one who reached intoxication. The general attitude was, "If my time comes, I want to go sober."

There was also general belief that "spoiled meat" and "bad water" were responsible for the attacks, but no one had any idea of how the infection was carried.

In the acute stage, nursing care, if there was any, was largely a matter of giving comfort. When word of the outbreak at Fort Harker reached Leavenworth, two priests and the Sisters of Charity of the new St. John's Hospital left hastily to comfort the dying. Not many days afterward the dead body of one of the men, Father Martyn, was found near his grazing mule half way from Ellsworth to the fort. When the sisters returned to their hospital they brought with them four orphans, the children of a sergeant and his wife who had died.

While surgery had not reached its present state of development—it was 1846 when a general anaesthetic was first administered for a surgical operation—it was inevitable that there should have been numerous practitioners of surgery on the frontier. Broken bones, axe gashes, gangrenous extremities, and similar afflictions were common. If a physician was available, he was called in to handle the situation; otherwise the patient or his friends did the best they could. Their best was sometimes remarkable.

A mother one day heard screams from the yard where her two small sons were cutting wood. She rushed out to find that the axe held by the elder had slipped and cut off part of three fingers of the younger. Snatching up the amputated fragments, she washed them and the stumps with "strong" soap and water and bound them together. Two of the pieces grew back in place, one of them with a nail slightly askew.

Dr. E. E. Morrison of Barton County wrote that when a boy in a settlement that became Olmitz was apparently about to die after being bitten on the leg by a rattlesnake his father amputated the swollen leg with a knife and saw. The boy recovered.

An even more incredible but well authenticated piece of home surgery was done by Mrs. Nancy Rogers, a widow who came to Wichita some time before 1869 and was a practical nurse of considerable popularity. When in the late 1870's she had unsuccessfully treated herself for some time for what she believed to be cancer of the breast she resorted to a Dr. Owen on North Main Street for advice. He confirmed her diagnosis, told her the breast should be amputated, and asked twenty-five dollars in cash for the operation. She pleaded with him that she could not find that amount but he refused to take less. Mrs. Rogers drove her wagon home, cooked enough food to last her sons a week, and packed into a large basket a nightgown, a quantity of muslin rags, food, and a butcher knife.

Merely telling the boys that she was going for a week's visit with a friend she had nursed, she had one son drive her to town and let her off near the center. After he had left with a promise to come back for her in a week, she hired a room for two dollars, locked herself in, sat down on the edge of the bed, cut off her own breast. How she managed to survive the shock and to bandage herself is unknown, but she lived for many years afterward.

Another very practical nurse of Mrs. Rogers' period was Amy Loucks, who had settled with her husband William at Lakin in Kearney County, then open cattle range. Mrs. Loucks, better educated than most women of her day, read all the medical information that she could find and in cases of emergencies was willing to venture beyond the nursing field. Such emergencies were not infrequent since the nearest doctor was at Fort Dodge, seventy-five miles away. One day in 1879 a man was found who had had his scalp so nearly removed by an Indian that it hung forward over his eyes. Without hesitation Mrs. Loucks sent to the general store for a fine violin string and a bottle of carbolic acid. After soaking the string in the acid, she threaded it into a large needle and stitched the scalp in place. She nursed the man until he was well and helped to arrange to send him back to New England later, for in spite of her surgery his mind had been deranged by his experience with the Indians.

On another occasion she did an even more difficult operation in a manner that later won the approval of the railroad physician at Dodge City. Her patient was a brakeman whose hand was so badly crushed while connecting railway cars with the old-fashioned coupling-pin that she had to amputate three fingers. This she did with a razor and a pair of embroidery scissors.

Mrs. Loucks' medical services by no means exhausted her energies. When necessary she conducted funeral services and after she had organized the first school of the settlement, she became its teacher.

While some stories of amateur frontier surgery have been preserved many others have been lost. Many old Kansans can remember vaguely some equally remarkable or heroic tale—of parents who chopped off the frozen arms and legs of their children, or sewed up horrible gashes, with domestic equipment.

Amateurs did not, of course, monopolize the surgical field. The Kansas Medical Society was incorporated by an act of the territorial legislature, signed on February 10, 1859; one of the 29 incorporators was Dr. Charles Robinson, who was later to become the first governor of the State. He was, however, not the only man of ability or knowledge of the latest medical techniques. Another Kansan, Dr. Andrew H. Fabrique, of Wichita, was probably the first man west of St. Louis to use chloroform for anaesthesia, resorting to it in connection with an obstetrical condition.

As in other States, in addition to these physicians who had had some training were many others who acquired the title of doctor through ex-

perience. Some of them combined medicine with other businesses. Frequently a circuit riding preacher became in time a "doctor," and carried drugs, knives, and dental forceps in his saddle-bags with his Bible and hymnbook. Any man with a liking or knack for the profession could practice in any field he chose. Even the best of the physicians, however, was likely to be shockingly careless according to modern standards. Cat-gut and surgical needles were stored until needed in the pockets of the old, stained frockcoat that was the usual uniform of a physician, worn during operations, during visits to patients with every kind of infectious disease, and during meals at home. Hand-washing was usually done after an operation, but rarely before. One old sea-captain who had taken up medical practice after his retirement was remembered for his custom of holding his knife in his teeth while probing an incision with his fingers—a common post-Civil War practice.

This seaman introduced a startling innovation sanctioned after World War days by high medical practitioners. A man's foot, torn open by a lightning bolt that traveled down his chimney, became infected and failed to heal under home attention. The family eventually called in the captain because maggots had begun to crawl about through the dead flesh and they did not know how to kill them without injury to the patient. "Let them alone," he said placidly. "They are only carrying off the dead flesh and dead bone. They never attack anything living."

Skilled or unskilled, a majority of the early medical men were faithful in the work they had undertaken. Old diaries and records frequently carry such notations as "Doc came every day to change the bandages" and "The doctor stayed from Tuesday to Friday." If ignorance was responsible for many failures in care, it cannot be said that they were the result of neglect. Day and night, summer and winter, the physicians never had a moment they could call their own, for the need far exceeded the supply of "doctors," whatever their preparation for practice.

Behind the records of bandages changed and operations performed is also a record of human agony. It was 1850 before any number of physicians began to give anaesthetics even in the world medical centers; before that whiskey in large doses was the most general substitute, and it remained the common pain-killer until a much later date on the frontier. For a long time physicians did not carry ether or chloroform with them when called out in an emergency. As large areas had no hospitals, if there was need of immediate surgical care it was done in the home, with whatever supplies were at hand. The kitchen was the usual operating room, with the patient spread out on the stoutest table. Before anaesthetics were in the kit friends or members of the family held the writhing patient while the surgeon worked. If the operator had ether or chloroform with him, he directed a volunteer in its administration while he operated. How many people died of an over-dose of chloroform before the danger of over-dosage was recognized will never be known, but the number must have been greatly increased by amateur anaesthetists

eager to give the patient full benefit of the new drug. No one would question a death under such conditions.

When in the 1880's the first young doctors of modern training began to appear, their scrupulous washing of their hands was frequently resented by patients and their families, who believed the measures merely an exhibition of personal "persnickety" and an insult to the family's standards of cleanliness.

If the patient died the doctor sometimes stayed to help with the burial, particularly if death resulted from one of the dreaded infectious diseases. Burial presented peculiar problems on the prairies until lumber from other regions was plentiful. All over the United States disposal of the dead remained a domestic function until the 1880's, when the new industrial insurances provided the average man with money for funeral display at time of death and inspired such innovations as embalming and funeral directors. In the cities and towns it was customary before that time to call in a carpenter after death to make a coffin to measure. The most elegant were of black walnut, lined with black broadcloth, and had an arched top. The town's livery stable would rent a black plumed hearse to carry the coffin to the graveyard. When ready-made coffins were first available they were sold in furniture stores, which had them built by a cabinet-maker in his slack time. Such fashionable amenities were, however, quite lacking in Kansas for many years.

If a carpenter could be found, he was asked to make the coffin, if not the family or friends did the best they could. It is told that a Kansas bachelor once tore up his cabin floor to provide a box in which to inter the bodies of a neighbor's children who died of diphtheria. Even in the towns the funerals of those who died of the most dreaded infectious diseases, such as smallpox, were makeshift affairs. As a hearse could not be hired in such cases, the body, with or without a coffin, was placed on a wagon. Mourners hardy enough to attend would walk, as far to the windward as possible.

A story told by Mrs. W. S. Kenyon of Jetmore illustrates a condition still not uncommon in western Kansas in the 1880's. Mrs. Kenyon was then a young, inexperienced girl living in Iowa. One day word came from her brother who had settled in Hodgeman County that his wife of less than a year was very ill with "consumption." Sent to help him, she arrived four days before her sister-in-law died. The nearest neighbor was nine miles away but until the sister came other settlers had managed to drop in at times to help. During the four days no one came. After his wife's death, the young husband, unable to bear the idea of burial without a coffin, started off to ask a neighbor to go to Fort Dodge, thirty miles away, to get one. At the first house the man was absent; the bereft husband continued to the next. But the wife of the nearest neighbor immediately started off to help "lay out" the dead woman. As her husband had the family team and wagon, she harnessed a pair of Texas steers to an old topless frame, placed a piece of board on it, and seated herself on the shaky perch. Arriving hours later, she

helped to wash the bedding and clean the house. At nightfall she had to leave to tend her chores at home. The frightened sister-in-law sat down to wait for her brother. Eventually the coffin came, none too soon in the warm April weather.

In addition to the volunteers who served their neighbors as need arose, Kansas had other nurses from the earliest days of settlement. The Southerners who poured in to bring the Territory into the slave bloc brought much human property with them; among these Negroes were family nurses. In many cases the woman who had begun household service by caring for her master's babies gradually became the family standby in time of illness. When freedom came the Negroes continued in this capacity, usually attached to the family of the former owner but also serving others. There were free Negroes, too, in pre-Civil War days, some of them brought in by masters who established them on small tracts near themselves. The women performed the same services as their slave sisters and as prosperity increased in the State were much in demand for the care of children; they would frequently stay in homes until children were two or three years old, and after that would be called in to help when the children or older members of the family became ill. Some clung to a single family, passing from one relative to the other as need arose.

Among the outstanding Negro practical nurses was Lyda Baker, who came to Topeka in the 1880's to care for a sister who was critically ill in the new Christ's hospital. Her pleasant personality and good common sense impressed all who met her and after her sister's recovery she remained in the community, where her services were always in demand. She had served four generations of one family before she was seventy-five and advancing age ended activities outside her home. Still alive in 1940, she had already been memorialized by dedication of a window in her name at the Topeka African Methodist Church, where she had long been active as a teacher in the Sunday school.



MRS. LYDA BAKER

Even before the advent of trained nursing Kansas had a few white nurses who worked for hire, chiefly women born in countries abroad where doctors and institutions had tried to give some rudimentary training to attendants of the sick and to midwives. These practical nurses could not be compared with the trained nurses of a later period but they were better than the Sairey Gamps and did perform useful services. Also they helped accustom some Kansans to the idea that nursing was not wholly a charitable or neighborly function.

The idea of paying for such personal service was so foreign to the people of the State that, while recognizing that the women who worked for them were doing it to support themselves, they hesitated to make payment in money for fear of insulting them. Instead they would offer some choice possession to give the payment a personal touch. From the standpoint of the nurses this was not always satisfactory. The children of one still possess a large collection of plates of many different designs from the shelves of grateful patients. Another practical nurse who disliked black clothing long stored a dress-length of fine black broadcloth received at the end of services; she could not turn it into cash without hurting the feelings of the grateful donor.

Kansas, with a population of approximately 110,000, was admitted to the Union just before the outbreak of the Civil War. The war did not greatly affect the care of the sick in the State and Kansas women were so busy homesteading that only one is known to have volunteered for war nursing service though many did energetic work in collecting funds and supplies for the Sanitary Commission. (There is one other possible record of nursing service—a historian says that a Mary Vance of Pennsylvania left an Indian mission "in Kansas or Nebraska" to join a military hospital staff.)

The known Kansas nursing volunteer was "a pretty young woman" who when she met and married Captain Amos Hodgman of Company F, Seventh Kansas Cavalry, was serving drinks in a Kansas beer hall, according to S. M. Fox, historian of the regiment.

After they were married in 1863 the captain was ordered to service at Corinth, Mississippi, and took his wife with him. When battle was imminent, Kitty Hodgman was sent north with other wives. Shortly afterward her husband was mortally wounded. His bride hurried back, went behind the enemy lines under a flag of truce, and when she found her husband already dead brought his body north for burial. Almost at once she entered a military hospital at Cincinnati as a nurse. Never strong, she became ill and died before the war was over. Hodgeman County was named for the devoted couple in 1868.

The Western Section of the Sanitary Commission, with which Kansas women worked in collecting supplies and aiding refugees, was set up after the Battle of Springfield in August 1861 had demonstrated how woefully unprepared the military authorities were to meet even battlefield needs.

While Kansas had only one nursing volunteer it later became the

home of several of the two thousand who did formal service in the hospitals, and these women, with broadened vision of community service, were very influential in the movement to provide institutional and other welfare services for their communities.

Among these were Mrs. Mary A. Sturgis of Illinois and her daughter Mary, both widows at the outbreak of hostilities. They enlisted immediately, were attached to the Sixth Illinois Cavalry, and in November 1861 went to Camp Butler at Springfield; from there they were transferred to Paducah, Kentucky, and thence to Memphis. What the daughter did there is not known. At, or near, the close of the war she married again and as Mrs. Maxwell came to live in Wyandotte, now Kansas City, Kansas. Mrs. Sturgis, sworn into service in January 1861, was placed in charge of the Adams Block Hospital, where she remained for the duration of the war and earned the gratitude of soldiers by her unflagging zeal. When sanitary stores were short, she gave soldiers fare home from her own pocket or begged from door to door to supply them with food. When not engaged in hospital work, she mended her patients' clothing. At the hospital she met Mrs. Bickerdye, who had organized it, and the women formed a lasting friendship. When the war was over she lived with her daughter in Wyandotte, where her friendly and helpful welfare work was continued until her death in 1892, at the age of eighty-three.

Nannie C. Martin, an Iowan, who served in a veterans' hospital at Davenport for four years after hostilities were over, came to Kansas in 1874, settling in Topeka in 1877. Owing to the opposition of her parents, Miss Martin had not entered service until 1864. Among her recollections of experiences at Hospital No. 6, New Albany, Indiana, and the Crittenden Hospital, Louisville, Kentucky, was the amount of lint gathered throughout the North and sent to hospitals for dressing wounds. She also liked to recall the Christmas dinner with cranberry tarts and real butter—a treat—that she and another nurse arranged for 300 convalescents in one of the hospitals.

Another Civil War nurse who received a government pension was Mrs. Maria M. Moran. Born in Ohio in 1837, she had moved with her parents to northern Missouri shortly before the war began. When the call came in 1862 for volunteer nurses, she went with her father to enlist at St. Louis and served in the St. Louis Military Hospital and later on a hospital ship in the Mississippi River. In the St. Louis Hospital she met a young Union soldier—a wardmaster, to whom she was married in June 1863. From 1878, when the couple moved to Salina, until her death in 1932, she also was prominent in neighborhood activities.

Several nurses who served the Union forces and later found their way to Kansas were Negroes.

Mary McCray, after the war a nurse in various Topeka families, was born in slavery on the estate of B. B. Britt in Wilson County, Tennessee, and is said to have been the youngest of twenty-five children. She used her master's family name until his death in 1861. Then six-

teen years of age, she was given to his granddaughter, Laura Parker, and took her name. Her new mistress, when convinced that her slaves were to be freed, became so incensed at the disregard of property rights that she threatened to kill them. In later years, Mrs. McCray remembered: "At that time we lived in a little 3-room house, and you should have seen us chase around there. She picked up a hatchet. I took up a back stick, like we used at the fireplace, you know, and she struck at me but she only hit that wood. I could have kept her from hurting me, but my father told me to let her alone and run away."

With her sister, Henrietta Frances, who helped to carry a mattress made of two coffee sacks stuffed with leaves, the girl escaped to Nashville and in the confusion was not bothered on the question of her status. She soon found work with white families, washing and caring for children. When the Union called for hospital help in Nashville she responded. She recalled that on the first morning after her arrival, "I woke up and looked out of the tent my sister and I had slept in. I says to my sister, 'aint this a pretty little town, with such nice white houses and all?' And my sister says, 'You fool, this aint no town; this is the Yankee camp!'"

The sisters were first employed as laundresses in Union Hospitals No. 10 and 5, with many other escaped slave girls and women. While there, both contracted smallpox. Henrietta died, but Mary recovered, and gradually began to work in Hospital No. 11, the smallpox unit to which she had been sent for care. There she met and married John Mitchell, the head wardmaster. After her husband died in 1875 she married Littleton McCray and soon afterward moved to Topeka.

Mrs. McCray, who had been a member of Clark's Chapel Church, in Nashville, became a charter member of a congregation that was later organized as the Mt. Olive Methodist Episcopal Church, then holding service in a Topeka blacksmith shop. In 1903 she joined the National Association of Civil War Nurses and faithfully attended the G. A. R. encampments in 1909 and 1911. On March 8, 1893, she was pensioned by the government at \$12.00 a month, under terms of an act of 1892 providing for all women who had served for a period of more than six months and been honorably discharged. When the pensions of all Civil War nurses were increased in 1926 she received \$50.00 a month. On her death in 1932 she was buried with military honors.

Mrs. Caledonia Vaughn was also born a slave, but since her mother was sold when she was a few weeks old was ignorant of her exact age. She nursed in army hospitals for nearly three years, was sent with troops to the Yellowstone, and later returned to Fort Leavenworth, where she was mustered out. She also lived in Topeka in her final years.

Mrs. Lurinda C. Smith, who served for three years as head nurse in a Confederate receiving hospital directly behind the Confederate lines at Tunnel Hill, Georgia, not far from Lookout Mountain, never received a pension or public recognition for her work. When she celebrated her hundredth birthday at Emporia in 1940, shortly before her death, she

was still able to contribute enlightening stories of nursing conditions in the military hospitals.

Before the war her only experience in nursing was gained when she helped neighbors with the arrival of new babies. When her husband enlisted she offered to work in a hospital. She soon took charge of the nursing at the hospital to which she was assigned, working with several doctors under Major Wiley, the head surgeon, and supervising about 30 assistants, white and black, men and women. Wounded men, officers and privates from both armies, were brought in wagons from the battlefield on the other side of the mountain. When they arrived, they were carried in on stretchers, or walked if able. Just inside the door stood a bowl of reddish disinfectant—what, Mrs. Smith did not know—supposed to protect both nurses and patients from infection; its smell permeated the entire building.

Men arrived in appalling condition, with legs or arms shot off, head and abdominal wounds, often bleeding badly and in great pain. Many pressed dirty bloody cloths against themselves to staunch the flow. Once a woman was brought in with both arms shot off. Patients able to stand when they reached the hospital were taken to a small room partitioned off from the main room, where a Negro helped them strip off clothing—all of it, an uncommon practice in the day when most people slept in their underwear—and put on night shirts. The same Negro then helped them to the beds assigned by Mrs. Smith.



MRS. LURINDA C. SMITH  
*Former Confederate Nurse*

Merely finding places for the men, especially after a battle, was a large task. Asked how many might come in, the old nurse said, "How many? A hundred? A hundred would be just a plaything. We had to step to take care of them. Everyone was busy every minute. The first thing we did after they were settled was to give them a drink. They always wanted a drink. You know fighting on the ground is not the same as fighting in the air. Sometimes there was so much to do we were called back to duty at night.

"We always had plenty of soap—common soap, made of barrels of grease and meat scrap, and lye from wood ashes; but we had to use it, for the northern army had cut off our supplies. Food was furnished by the government and hauled to us in a commissary wagon. Vegetables were raised by the negroes. We had lots of sweet potatoes, more than we do now, but we had to use browned soft corn for coffee. We sure had to pinch on coffee, and we didn't have much sugar. The Yankees had us on sugar—sure. We could get salt easier than sugar. If soldiers had no fever, the doctors allowed them pork and everything else they wanted to eat. We had poor dishes to eat from—only what farmers around gave us, but we made out with spoons and always had plenty of tin cups.

"Colored folks brought the food up from the kitchens on long platters. We had cornbread and molasses, plenty of meat, sweet potatoes, tomatoes and lots of pumpkin. The colored folks could cook, too—still have the idea! They did the laundry, as well as the cooking, and all of the heavy work.

"Pay? There wasn't any. We worked for the Confederate government and with the Confederate army. They had no money.

"I was on the battlefields sometimes. Once my sister and I went out together and found a little walnut bucket, a piggin, filled with blood and water. That bucket was a keepsake in our family for more than sixty years. Lookout Mountain was where they rolled loose rock down on the enemy. I couldn't keep from crying to see so much killing, and the wounded everywhere begging for water. That was a battlefield one cannot forget."

After the war Mrs. Smith, her sister and their husbands moved north to Jacksonville, Illinois, to start farming without the many slaves they had previously had, and later went on to Kansas.

One of the best known Civil War nurses was Mrs. Mary (Mother) Bickerdyke, especially notable for her organizing genius and her continuing devotion to her charges. She was born Mary Ann Ball, near Mount Vernon, Ohio, on July 19, 1817. After her mother's early death, she was reared by her grandparents, worked her way through the new Oberlin College, first institution in America to offer women the same higher education as men, and began her career in 1838, when with 11 other young women, she volunteered for service at the Cincinnati and Hamilton County hospitals during an epidemic of typhus. She made an exceptional record there and continued to nurse until her marriage in 1847 to Robert Bickerdyke, widower with four children, with whom she went to live at Galesburg, Illinois. Bickerdyke died in 1858, leaving two sons in addition to the other four children. She continued to care for them all, doing nursing at times outside her home. At the beginning of the war she was listed in Galesburg's medical directory as a "botanic" physician.

Urged by the women of Galesburg, who recognized her ability, she volunteered for hospital service at once and was sent to Cairo as matron of a military hospital. From there she followed the Union line of advance into Tennessee, Mississippi, Louisiana, and Georgia, working in

cold and rain, cooking, scrubbing, carrying wounded from battlefields, and nursing. At the siege of Vicksburg, she joined the forces of Sherman, for whom she had great admiration, and until the fall of the Confederacy was attached to his command.

One man said that in those days she was "a large, heavy woman of 45 years; strong as a man; muscles of iron; nerves of steel; sensitive but self-reliant; kind and tender; seeking all for others, nothing for herself." Her executive ability gave her an efficient disregard for obstructive red tape. Though only a volunteer with no vestige of authority she began reforms at Cairo and spread them in her wake as she advanced. When she arrived, all soiled clothing and bandages were being burned to prevent infection; she recommended use of contraband labor and set up a system of laundries that cleaned, disinfected, and preserved the supplies for further use. She established diet kitchens, even in the most makeshift of the temporary hospitals. She traded stale government supplies for fresh meats, vegetables, butter, eggs, and milk, hoarding them for her sick under lock, to which she carried the only key. She is said, on occasions, to have snatched plates from under the very noses of officers when she found them eating food intended for her "boys." She organized hospitals. After the Sanitary Commission attained official status she was formally made one of its agents.

At Chattanooga, when informed the wood on hand would not keep fires going until morning, she ordered part of the fortifications torn down and chopped for use in the stoves. The following morning, when an irate officer in command shouted, "Madam, consider yourself under arrest," she returned calmly, "All right, Major. I'm arrested, but don't meddle with me till the weather moderates for my men will freeze if you do." And the major did not meddle.

Grant had high regard for her and gave her unlimited passage within the Union lines and free transportation. After Vicksburg an incompetent and drunken surgeon, whom she had ordered out of her hospital, complained to Sherman. The general waved him away with "You'll have to see Lincoln. She outranks me." Waiting with a hospital boat for the end of Sherman's march to the sea, she filled the time by nursing returning Andersonville prisoners. During this period, she contracted an infection from whose effects she never fully recovered.

Mustered out of service in March 1866, she begged free railroad fares for 300 Union men, borrowed \$10,000 from a Chicago banker, and brought the men and their families to Kansas. She herself settled in Salina and opened a railroad hotel, unsuccessfully, however—her son said she failed in nothing except work for herself. Before long, however, there was further need for her abilities. In 1869 she was ministering to the victims of Indian raids in the Solomon Valley; for four years after that she worked among the poor in New York City. After her return to Kansas in 1874 with energy unabated, she made trip after trip to Illinois and Ohio to solicit necessities for her "boys" who had lost everything to the grasshoppers that year. Qualifying herself as a pen-

sion lawyer, she helped to obtain pensions for many former soldiers and army nurses.

Someone found her a job at the Mint in California, but she soon returned to spend the rest of her days at Bunker Hill, Kansas, where until her death in 1901 she devoted herself to the needs of the widows and orphans of veterans—among other activities—inspiring the founding of the home that bears her name.

After the war and until nursing was put on a sounder basis there was yet another type of woman who occasionally did very valuable work in Kansas. Like Mrs. Robinson of an earlier day, and Mrs. Aaron of Wichita, they were wives or relatives of physicians, with whom they shared professional interests and experiences. One of the best known in the last decades of the century was Lucy Ann Davis Wheeler of Pawnee County. She came from Ohio in the 1880's with her husband, B. E. Wheeler, a college graduate who had "read" medicine with a friend who owned a large medical library. From the beginning of their life in Kansas Mrs. Wheeler worked in partnership with her husband, sometimes staying to nurse in homes where the families were not equal to the emergency. As her thirteen children grew older she was able to devote most of her time to this work and when the county founded its first hospital she helped her husband with cases he sent to it.



MRS. B. E. WHEELER

For years she was a familiar figure in central Kansas, on her rounds of mercy driving a pair of bays so fractious that she had to hop to her seat quickly after she untied the hitching strap. Rain, dust, and blizzards in no way daunted her if there was someone who needed a "hot fomentation" of vinegar, or a hot foot bath "to equalize circulation." Mothers were especially dependent on her, feeling that she understood what children needed much better than any man could. During the influenza epidemic of 1918 she was as active as ever, though then seventy-four years old. When she found one family with five of its six members desperately ill, she simply took off her hat and stayed. Doing the nurs-

ing and housework with only the one well boy as an aid, she brought all through safely by the end of five weeks. She was so busy she never had time to grow old; death did not arrive until 1939, when she was ninety-five.

Mrs. Wheeler was only one of many Kansas women who carried the tradition of neighborliness into modern times, bridging the gap until public education and support provided the services now considered essential.

## CHAPTER V

### *Lighthouses*

*—And hospitals, like lighthouses, on an inland prairie sea, arose  
to guide the course of the suffering.*

SOON after the establishment of military posts beyond the Missouri, the first rude provisions for care of sick soldiers were made. The facilities were open to any one in the unsettled region. At some posts sick quarters were merely sod houses or dug-outs with earthen floors; at others, they were stout buildings planned for their purpose according to the ideas of the day on what was needed in an infirmary. Whatever the accommodations, traders on their way to the Southwest and explorers, trappers, and missionaries bound for the Rockies were always sure of shelter and treatment at the posts in time of need.

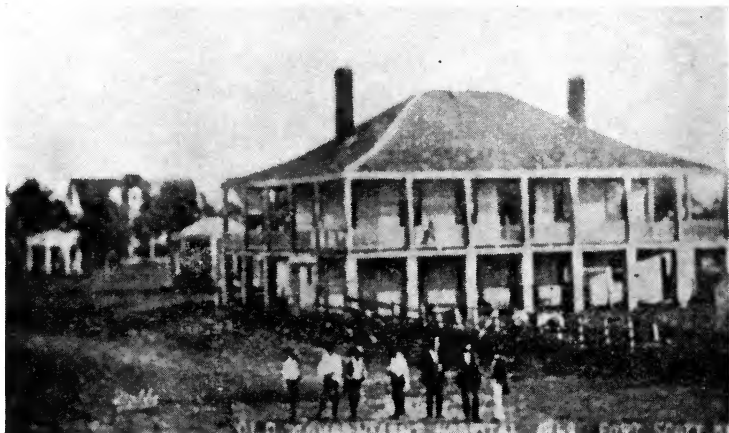
Fort Leavenworth, established in 1827 by Colonel Henry Leavenworth, was the first permanent military post west of the Missouri. Its early days were harassed by epidemics and sickness and, though not mentioned in the fort's records, there must have been some sort of infirmary from the beginning.

It is certain, however, that by 1848 there was a well-built hospital. Although a pencil sketch in Major Elvin Hunt's *History of Fort Leavenworth* shows it as a frame structure of barracks type, Percival G. Lowe, who came to Leavenworth in 1849, said it was "built of brick, with porches all around, and quite comfortable." The exact date of construction is not known, but is believed to have been sometime in the 30's, for then the first simple post buildings gave way to substantial structures.

The second hospital in Kansas was erected in 1842 at Fort Scott, which was abandoned in 1853; it was so well built that after nearly a hundred years of use it is still sound. Fort Scott, designed as a halfway post on the military road between Fort Leavenworth and Fort Coffey in Indian Territory, was established May 30, 1842. At first it was merely a blockhouse consisting of a one-story mud-daubed log cabin with dirt floor. A year later it assumed a more important role and solid buildings were constructed, said to have been the finest at any United States Army post at that time. The hospital, which was on the south side of the parade ground between the barracks and the guard house, was a large rectangular, two-story structure, surrounded on all sides by wide double-decked porches. Its floors and frame were of oak, the timbers twelve

inches square; its doors, door and window frames, and porch pillars were of walnut, all sawed by a mill erected for the purpose.

Two years after the post was abandoned by the War Department, the buildings were sold at public auction for less than \$5,000 and put to various civilian uses. The hospital became a public hall. In 1858 a



FORT SCOTT HOSPITAL, 1842

school was opened in the main wards, which served also for church services, public gatherings, and theatrical performances. The small reception room and the superintendent's office were occupied by a lawyer and other professional men. It is now a warehouse.

The third hospital in Kansas, established in 1853 at Fort Riley, was much more primitive and had little equipment. As in all military hospitals the steward and the men from the line troops were the attendants. That hospital and the one at Fort Leavenworth were the only two in the Territory when it was erected under the Kansas-Nebraska Act of 1854. In 1859, with the creation of Fort Larned near Pawnee Rock, the number of functioning hospitals was increased to three, and from that time on never fell below that number. In the following years, to provide protection for immigrants, construction crews on the Kansas Pacific Railroad, and for overland freight, five more forts—Dodge, Harker, Zarah, Hays, and Wallace—were established. Each had its hospital and these like the earlier ones served civilians as well as soldiers.

After the completion of the Santa Fe Railroad to Dodge City on January 1, 1873, Fort Dodge became the center of protection against the Cheyenne, Arapahoe, Kiowa, and Comanche, who did not tamely permit the expropriation of their lands. In 1874 five companies of infantry were stationed there. According to official reports, the hospital, a stone structure one-story high at the northwest corner of the parade ground, was finished in 1868. It contained a ward, washroom, dispen-

sary, kitchen, dining room, bedroom, office, and storeroom. The ward, a large room with 12 beds, was flanked along one end by the dispensary and the steward's bedroom, and at the other by the kitchen and similar rooms, an arrangement regarded as a serious handicap. The washroom contained a bathtub and wash basins; the ward was plastered with a hard finish and on each side had nine windows, whose upper sashes could not be lowered. The building was heated by stoves and lighted by candles and lard-oil lamps. A second building nearby, of frame, seventy-six feet long and twenty-four feet wide, had to be used as a hospital when the first overflowed. In 1873 additions were made, including a water closet, a post mortem room, a matron's room, and a veranda on the west and south sides. At this time the hospital grounds, which included a garden, were enclosed with a seven-foot fence.

Excellent drinking water for the entire post was obtained from wells, but water for washing and extinguishing fires came from the Arkansas River. Each building had a drain that discharged into a larger



ST. JOHN'S HOSPITAL, LEAVENWORTH  
*Established 1864*

one, which carried sewage to the river. Slops and refuse were carted to the river and emptied into it below the post. Except in the hospital, the post had no facilities for baths—except the river in summer.

The report for the 1870-72 period indicates the most prevalent ailments in summer were dysentery and intermittent fevers and "catarrh" and in winter "pulmonary disorders." During construction of the railroad many cases of "typho-malarie" occurred in the construction camp and were cared for in the fort hospital; the report says that "cool and cold baths" were the most effective treatment. The surgeon general also approved the climate at Dodge City for "pulmonary consumption" in early stages.

Numerous diaries and other civilian records of the period mention medical attention received at the army posts. Horace L. Moore, in July 1867, reported that the sick of his party were turned over to the "United States surgeons who had established a hospital" at Larned. John Hurst, when shot by George Clinton in 1870, was taken to the hospital at Fort Hays. Mrs. Mary J. Middlekauff, who came to Fort Hays as a child and later married Dr. J. H. Middlekauff, wrote that the post hospital was "used mostly for the care of hunters and men with frozen fingers



SISTER JOANNA BRUNER

*First Nurse with Some Training to Work in Kansas*

or feet," coming for "amputation and minor treatment." In spite of the many cases of civilian care reported, relatively few people of the region were able to take advantage of the facilities, for the posts were far apart and except in emergencies could not easily admit women. There

was, however, no general demand for hospitals among Kansans, who still held with the rest of the country that hospitals were for those who did not have homes, or were far from them.

The first of the civilian hospitals of Kansas was opened in 1864 in the busy freighting town of Leavenworth, beside the post. In that year the Sisters of Charity, who had come to Leavenworth six years before, established St. John's Hospital, supplying a facility much needed in that town of transients. Indirectly and unwittingly William T. Sherman, former Leavenworth lawyer and Topeka homesteader, was partly responsible for the establishment of the hospital. Some of the white families who fled before his Army reached Missouri and Kansas without means of starting life anew. It was one of these miserable and destitute families, from Alabama, that were the hospital's first patients. Sister Joanna Bruner, who came from a hospital in Nashville, Tennessee, to direct St. John's, was the first Kansas nurse to have had any institutional experience.

Newly settled as it was, Kansas did all it could to help equip and aid the military hospitals during the Civil War. Fort Leavenworth, which was the supply center for all armies west of the Missouri River, was a key point in work of the United States Sanitary Commission. The City of Leavenworth had also become something of a medical center, thirty-five "doctors," ten drug stores, and four midwives; it joined other large towns in the eastern third of the State in setting up soldiers' aid societies. Wyandotte churches were opened to refugees at intervals as hospitals, the members taking turns caring for the patients. Olathe and Mound City also opened makeshift centers that dispensed food, clothing, and medicine, as well as medical care. Some buildings of Fort Scott were reopened in 1861 as a shelter for war refugees and soldiers who became ill while on patrol in the vicinity. Only the lower floor of the hospital was used for its original purpose, the upper serving as a guardhouse.

None of the emergency infirmaries and dispensaries, except St. John's Hospital, survived when the crisis was over. For nineteen more years Kansans continued to regard hospitals as institutions for those who could not get care at home.

The war experience had, however, much influence elsewhere in increasing the number of hospitals. Determined bands of eastern women, occasionally supported by men, were soon forcing their way into public hospitals to clean them up, care for the sick in the way Florence Nightingale had shown they should be cared for, and make a profession for themselves at the same time. Their services made hospitals less feared.

Another potent factor in the reforms of hospitals and extension of their services was surgery, whose rapid development came after discovery of anesthetics and Lister's discovery on the cause of wound infections. The Civil War, like the World War of 1914-18, stirred medical men out of their ruts and brought some of the old badly trained practitioners in touch with young men who were abreast with the recent ad-

vances in medical science. Some of the medical volunteers for the first time saw operations performed under institutional conditions—poor as they were in military hospitals—and recognized their convenience.

By the time the second and third civilian hospitals—Christ's in Topeka and St. Mary's in Emporia—were established, in 1884, quite a number of young eastern medical graduates had had an opportunity to see what American women could do toward making hospitals safer and more comfortable, as well as how useful trained nurses were in assuring success of surgery—which was rapidly becoming a passion of medical students. When these young men started practice on the frontier they were soon aware of the extent to which they were handicapped by lack of hospitals.

While Kansas was slow in establishing hospitals, it had early to provide institutions, which eventually developed into hospitals, to care for the mentally disturbed and abnormal. The Osawatomie State Hospital (then called the lunatic asylum) was opened in 1865 under management of a clergyman. C. O. Gauze, first physician hired to give care to the institution's sick, was appointed in May 1866, with promised payment of \$1,000 a year for his services. On the 9th of the following July he became steward as well and his wife was made matron at \$250 a year. The next year male attendants were employed, to receive \$100 a quarter, in addition to maintenance, after the first three months.

The records of the institutions have many items illustrating the primitive character of the work, and the annual report of 1873 contains the estimate that two hundred other people needed but could not find places in the already crowded institution. In the early period, in an attempt to keep the counties from getting rid of their undesirables and the helpless of all kinds by sending them to the institution, the commissioners charged the counties \$3 a week for each patient sent in; this practice was abandoned in 1874 after the counties protested that their inhabitants were already contributing to the support of the institution. Later it became the practice to return to the counties all patients who showed no considerable improvement after a year. In 1868 the need for more space became so acute that \$20,000 was appropriated for construction of the first unit of a new building that, when completed in 1881, had cost seven and a half times as much. Meanwhile, in 1875, Topeka State Hospital—then called Topeka State Insane Asylum—was authorized at a cost of \$25,000, and in 1876 deaf mutes who were public charges were removed to a home at Olathe and provision was made for care of insane criminals in the State Penitentiary at Lansing.

As settlement increased many towns placed little buildings, called pest-houses, in some cornfield or pasture for isolation of people who contracted contagious diseases, especially smallpox. These often were mere shelters, with little if any equipment, and frequently did not have even a resident caretaker. In such cases the sufferer had to depend on the doctor to bring food and water. In later years the pesthouses of the larger towns were sometimes on the grounds of the poor farm and some old man or woman from that forlorn place—someone who had had

smallpox—would act as attendant. The pesthouses had an aura of horror about them—there are men and women still living who remember how as children they hurried breathlessly past with flopping coats and thudding heels, stealing quick glances at the little structures to make sure no terrible thing was leaping out toward them.

When the first sawmill arrived in Wichita, in 1869, D. H. Munger built a little frame building which he opened as a hotel. Munger was a kindly soul and by the time the town was incorporated, four years later, he had made it a place where sick people who were able to pay were sure to be received and from which someone could be sent for medicine and a doctor, when one was in the vicinity. The only other service Munger



OLD CHRIST'S HOSPITAL, TOPEKA, 1888

provided was food, but mere rest in bed was valued by those who had been traveling in the jolting, ox-drawn wagons or forking a horse when too weak to sit up.

Kansas had a population of a million in 1882 when plans were made for its second successful civilian hospital—the first since little St. John's was opened at Leavenworth. But the Protestant Episcopal Bishop, Thomas Hubbard Vail, and his wife, who together planned the institution and provided the first of the funds for it, had to wait two years and simplify their plans greatly before they could get enough support to open the first little building, on May 19, 1884. The first patient was present before this, however, for the wife of the caretaker, already on the premises, gave birth to a daughter before the official opening.

This hospital was primarily the idea of Ellen S. Bowman Vail, who had come to Kansas with two young children in 1864, and with them was soon attacked by some infection that caused the death of one child and left the mother a blind invalid. During the years in which she was dependent on the care of friends and relatives she worried about those who did not have such tender attention and persuaded her husband to

join her in saving to establish a hospital at the capital. Together they purchased ten acres of land on the outskirts and solicited contributions for the large stone building they envisioned. When the hospital was eventually opened it was a simple little place; even at that funds were found with difficulty for its support. The women of Topeka frequently had to take up collections to meet unexpected bills, as when coal was needed after an unexpectedly early winter, and it became customary to have an annual Thanksgiving donation party to provide flour and other necessities.

One of the most liberal contributors was Dr. John Calhoun McClintock, who was long chief of the attendant medical staff. In later years he told how the first superintendent was an elderly, kindly clergyman, and the nursing care was directed by the superintendent's daughter Grace, an intelligent young woman, but without nurses training. Eventually Mrs. Fannie G. McKibben, a resident of the town, was discovered to be a graduate of Jefferson Hospital Training School in Philadelphia



ST. MARY'S HOSPITAL, EMPORIA  
*Established 1884*

and she was persuaded to take over the superintendency; under her supervision the institution was soon functioning successfully and began a gradual expansion with the aid of donations. In 1889 a training school was opened; the students worked on private duty within and outside the hospital and, when they could find time, attended lectures given in the chapel by physicians. By 1901, however, the school had reached a much more orderly system and was turning out graduates who made high reputations for their work.

The same year Christ's was incorporated, St. Mary's Hospital of Emporia was also opened; it experienced similar difficulties in becoming established. Its first patient, received on March 1, 1884, was Pete Cas-

peto, a young Italian truckman, suffering from an injury to his leg. This institution was under the management of the Poor Sisters of St. Francis Seraph of the Perpetual Adoration. Sister Huberta, the first superintendent of nurses, came from Olpe, Germany. In the early years when there was an epidemic of smallpox in Emporia she sent many of her assistants to the pest house to nurse the sick. But, in spite of this and other services to the community, the sisters found it necessary to solicit funds from house to house to keep the hospital open, and even then it once closed its doors for a short time. It has since become a well-equipped modern institution accommodating a hundred patients.

Not long after Wichita became a booming cow capital, a group of twelve women organized the Ladies' Benevolent Home to "afford and give temporary shelter and relief to the sick and disabled who came as strangers to the city." While the home was not chartered until August 25, 1885, and Bentley, a local historian, gives the date of the society's formal organization as September 5, 1885, there is some belief that the home was actually opened on September 9, 1879, in a two-room building on South Market Street. In 1887 it was moved to what is now the society's Rescue Home and a trained nurse was placed in charge. Two years later the institution was rechartered as the Wichita Hospital. It gradually outgrew its first quarters and in 1898 was moved to its present site at Douglas Avenue and Seneca Street.

The fifth and sixth general hospitals in Kansas were St. Margaret's in Kansas City, opened April 10, 1887, and Axtell Hospital at Newton, opened about the same time.

St. Margaret's was planned in 1884 by the Rev. Anton Kuhls, pastor of St. Mary's, after he saw a man whose legs had been crushed in a railway accident carried to the county jail, through lack of other facilities for housing injured strangers. He bought five acres of land with money borrowed through a priest in St. Louis and the rest of the funds came from public-spirited citizens of Kansas City; on completion the plant was deeded to the Sisters of the Poor of St. Francis, under whose direction it gradually expanded to its present 250-bed capacity. The Sisters were practical nurses and they taught what they knew to girls who came in as apprentices; there was no regular training until 1924 when a two-year course in practical nursing was established. This was superseded in 1929 by a school with a standard course under the direction of a registered nurse.

Axtell was the first hospital established by a physician, primarily to provide adequate facilities for surgery. John Thomas Axtell, whose family came to Newton in the 1870's, in 1882 married a neighbor, Lucena Chase, and shortly afterward went to New York City to study at Bellevue Hospital College. After graduation from the short course of the period and work in the New York Post-Graduate Hospital he returned home to establish his hospital as a private enterprise. The first frame structure had rooms for six patients, an operating room, bathroom, dormitory for nurses, and a basement kitchen. It was lighted with coal oil

lamps and heated by stoves but the rooms were immaculate and resembled those in private homes, even to the washstand with basin and pitcher. For a while there was little business as people who could pay for care had homes and everyone still feared surgery as a last desperate resort. The first surgical patient was a friend of the Axtell's who came from a distance for an operation so successfully completed that many doubters were convinced. Before long there were more patients than the hospital could accommodate and during repairs after a fire in 1891 seven more



AXTELL HOSPITAL, NEWTON  
*Established 1888*

rooms were added. In 1897 Mrs. Axtell completed a medical course in Kansas City and joined her husband in management of the institution, which was increasing steadily in size and improving in equipment.

The Axtells announced a "nursing school" when the institution opened its doors but for a year there was no formal instruction. When instruction did begin it was given largely by Dr. Axtell with the aid of medical journals. By 1891 the course was lengthened to two years and Clara Weeks' *Practical Nursing* was used as a textbook. The course did not become standard until 1925, when the hospital was given to the Axtell Christian Missionary Society.

St. Francis Hospital was established at Wichita, in 1889, by the Sisters of the Sorrowful Mother. Sisters M. Scholastica and M. Joachim were sent to the city for this work after Bishop Tihen of St. Louis was informed that Bishop Hennessy was troubled about a private hospital that had been closed in the town. This had had a brief existence some time before 1880 when it was established by Dr. Andrew H. Fabrique in a two-story house with mansard roof and other fashionable embellishments. He had not been able to obtain enough paying patients to enable him to keep it open. The bishop offered his support, and the sisters, who could not yet speak English, rented the building with his aid and telegraphed for other sisters, recently arrived from Rome, to join them. Al-

though the rent was only fifty dollars a month and there were only fifteen beds, the sisters had a very difficult time during the first years, as they had to provide for their own maintenance as well as for the institution. While both paying and charity patients were accepted, only the poor arrived, partly because of the general prejudice against hospitals and partly because of religious and other prejudices, though a staff physician had issued a statement that the institution was not for commercial gain or proselytizing. He also explained it was not "an almshouse, . . . a resort for tramps, . . . not a home for incurables."

This, however, did not bring relief and of seventy-seven patients received in the first four months only fourteen made any payment. The sisters began to do home nursing for fifty cents a day; when the returns did not relieve the financial situation they tremblingly raised their rates to a dollar a day. Although they had already demonstrated their value and calls continued to come in, the return was still not enough for their needs. Finally they began begging tours, Catholic farmers of the vicinity contributed produce and Bishop Hennessy gave a hundred dollars to build a shelter for a cow and chickens that had been donated. Finally one farmer mortgaged his farm to enable the sisters to purchase the building and the mother house at Rome contributed additional funds to complete the purchase in 1891. At the end of four years support was still so limited that the sisters feared they would have to give up. Bishop Tihen then suggested that Dr. Fabrique be asked to become head of the medical staff as he would undoubtedly be able to bring clients with him. Although there were only thirty patients in 1895, the following year saw many more under the new arrangement and by 1897 the number of beds was increased to sixty. By 1906 an operating room had been added and after that there were frequent additions and improvements. The modernized plant now has three hundred beds. Dr. Fabrique's support continued until his death in 1928 at the age of ninety-two, although he had been blind for many of his later years. After passage of the state nursing registration law in 1913 some of the sisters took training and in 1917 a nursing school was established on standards set by the National League of Nursing Education. It is now affiliated with nearby colleges.

In 1868 Mrs. C. H. Cushing became concerned over the plight of the unmarried mothers and their babies in Leavenworth, close by the old army post of that name, and began to organize the Society for Friendless Women. It was chartered in 1870 and obtained \$2,000 from the city for land and \$10,000 from the State legislature for a building. Later private funds were contributed for additions in the form of cottages for the children, and in 1879 the legislature gave \$6,000 for another building. To gain support for the work Mrs. Cushing in 1872 started the *Home Record*, a small paper that by 1882 had a circulation of 5,800, and in 1874 brought out the *Kansas Home Cook Book*, which brought a handsome return from appreciative housekeepers. In 1882 there were seventy inmates, including some old women in need of shelter, though the home had not been intended for the aged.

Physicians of the town who greatly valued Mrs. Cushing's executive ability persuaded her to start a hospital in part of the home to serve the city and provide a training school for nurses. The first students took a practical course conducted by doctors and graduated at the end of a year, in 1894. In 1900 the course was improved and extended to two years and it was again reorganized in 1931, when a new building was erected and the hospital became Cushing Memorial, in honor of the founder.

Meanwhile, in 1884, an infirmary had been opened at Haskell Institute for Indians, the Evergreen Sanitarium (1887) for mental diseases and alcoholism at Leavenworth, the Wichita Children's Home Hospital (1888), and the Prospect Park Sanitarium (1889) at Atchison for persons who could pay for treatment of mental disorders.

These institutions were signs that the frontier period had passed and that Kansas was experiencing its first boom period. A network of railroads had displaced the wagon for main route travel and sanitary and other modern facilities were being built in the larger towns.

Also, Kansas, like the rest of the country, was beginning to evaluate the medical services and be less willing to take on faith the "many doctors" practicing in its towns. It was also beginning to appreciate that *laissez faire* was bad policy when it came to public health.

Already, on March 7, 1885, the legislature had passed an act establishing a State Board of Health, which was formally organized a month later. The act provided that the members should consist of nine physicians who had been graduated from "a respectable medical college" and been in continuous practice for at least seven years. Only the secretary of the board was to be compensated for services. The act also provided for the establishment of county health boards, to consist of the county commissioners and a physician selected by the commissioners as county health officer.

The functions of the board were merely advisory and its first annual report "deplored" its lack of authority to enforce quarantine regulations. By 1889, when the act was amended to give the board the necessary authority, 86 of the 105 counties had set up local boards of health. Eight years later the board was permitted to employ a sanitary engineer, a chemist, and a bacteriologist as technical advisers, and by 1906 a food analyst and a food chemist were added—all of these steps indicating the progressive character of the work.

It was 1880 before even a pre-medical course was provided at the University of Kansas. In 1889 a proprietary school, the Kansas Medical College, was opened in Topeka; its students, in their zeal for laboratory material, became involved in grave-robbing, which, when brought to light in 1895, so roused the citizenry that the governor had to send in troops to preserve order. The year before this incident the College of Physicians and Surgeons had been opened in Kansas City. In 1897 the Kansas City Medical College and the Kansas City College of Medicine and Surgery were opened in Kansas City. By the time the University of Kansas Medical School absorbed the three proprietary schools, in 1905,

which it was able to do because it offered free tuition, the proprietary school at Topeka had already been absorbed by Washburn College. But Washburn was also unable to compete with the university and abandoned its medical department in 1910.

Kansas had taken its first steps toward regulating medical practice in 1879, when it set up an examining board of twenty-one physicians. Such was the medical chaos of the day that the membership of the board was evenly divided between the three "schools"—allopathic, homeopathic, and eclectic. Although no one was satisfied with the results, it was 1901 before a change was made. At that time a board of seven members was established, each member to be a graduate of a reputable medical school with at least six years of practice; the function of the board was to examine and license physicians and everyone in practice in the State was required to apply for a license within four months after passage of the act. A candidate had to present a diploma and be examined by board members who belonged to his "school of practice." This was a very important step in rescuing the public from the quacks, even though regulations had to be tightened in later years.

With similar conditions of medical education and licensing prevailing throughout the country it is surprising that Kansas made as much progress as it did in improving the care of the sick. Many of its medical men were far better than the system that produced them and some had a vision of service that was very valuable to the State.

All the civilian hospitals, whether established for profit or public service, were opened on a shoestring. Nearly all were first housed in a former dwelling, or in a building whose designers had little idea of institutional needs. None were fireproof and many were definitely dangerous, being of frame, heated with stoves, and lighted with oil lamps. The matron, and in the case of the proprietary hospitals, the doctor and his family, usually occupied one or more of the rooms. The nurses rarely had a room alone; often as many as a room would hold were crowded together in order to give all possible space to patients. In some cases the nurses used whatever bed happened to be vacant; quite as often as not it was in a ward.

Mrs. Edetha Dodds Womer, first student at Christ's in Topeka, remembers that when she entered in August 1889, the hospital had four wards and that the fourth, which had six beds, was used for women. One of these beds, of the three-quarter width, had been provided by the U and I Club for children; another was the gift of Mrs. Vail in memory of the son who had died in infancy; and a third had been endowed by someone whose name has been forgotten. An end of the hall had been partitioned off as a dormitory for the nurses.

As the functions of a nurse were not then clearly understood, the students regularly performed the chores they would have shared in their home. They kept an eye on the stoves, stoking them when necessary, cleaned the lamps, and at dusk lit those in brackets along the walls of wards and halls; others were carried to the private rooms. While most of the early hospitals had some kind of plumbing to carry off waste,

water was usually brought in from a well in the yard. That in itself was a heavy task for each patient had his own granite basin and pitcher. In the hospitals that had a water supply, the bathroom with its zinc tub and toilet was used by doctors, visitors, janitors, and nurses, as well as by the patients, and also served as a utility room where bed-pans, basins, and other bedside facilities were cleaned and stored.

Hospital floors were painted or covered with matting or carpet; whatever the covering, nurses kept it clean by frequent scrubbing on their hands and knees. They also did all cleaning of the furniture, the most important part of which was the beds, usually of iron painted white. After each patient left the cotton mattress had to be beaten, smoothed, and wiped with a disinfectant, which was usually a solution of carbolic too weak to be effective but strong enough in smell to give a comforting illusion of cleanliness.

Most hospital kitchens were in the basement, and the cook, not a dietitian, planned and cooked the meals that were shared by patients and staff. If special diets were occasionally ordered a nurse prepared the meals on the back of the stove used by the cook and carried them up the two or three flights of stairs to the patients.

Dr. Axtell, who had been trained in one of the best schools of the day and had interned in a hospital of high reputation, was especially careful of his operating room. Its painted walls were washed after each operation and the white muslin shielding the skylight was also replaced. He used long fish kettles for sterilizing his instruments. He had a regular hour for beginning operations—8:30 in the morning. Fees were regulated according to the service performed. For example, when tonsillectomies were first performed, he usually charged \$5 for the operation, but if only one tonsil came out the fee was \$2.50.

As Christ's long had no operating room, the chapel was usually called into service for the purpose, though on occasion the drug-room, which was also used for examinations and dressings, might be substituted. In the coldest weather the diet kitchen, which was easily heated, was found best for the purpose. The operating table, when not in use, stood



MRS. EDETHA DODDS WOMER  
*First Graduate of Christ's Hospital*

in the hall near the chapel door. During operations it was usual for a nurse to give the ether or chloroform under direction of the doctor who was operating.

One of the hazards of operating in the days of oil lamps was the fumes of the anesthetics, which might explode if concentrated. Mrs. Womer still remembers her fear when called on to hold a lamp for the operation of a Negro girl who had shot herself in an attempt at suicide. As she took her place at the point farthest from the anesthetist that would still give the surgeon as much light as possible, her attention was diverted by the patient, who was still being questioned. "Why," said the exasperated physician, "did you ever shoot yourself in the stomach? Your heart is up above." The girl nodded solemnly. "Yasuh. But down there it gives me more time to repent."

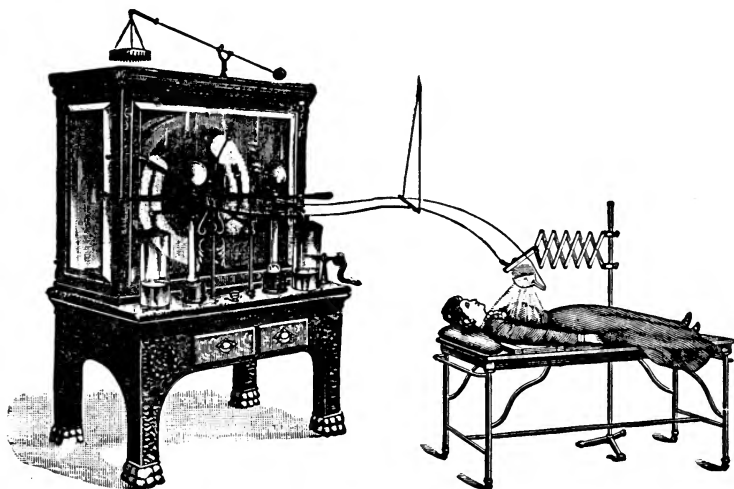
By 1893 electric lights began to appear, pale yellow and given to flickering out when most needed. There were also gongs, operated by chain pulls; one pull summoned the superintendent, two the operating room nurse, and so on. Patients still called or beat on their bed frames or cups to summon attention. By 1898 surgical dressings were being made into packages that were placed on perforated trays in a wash-boiler for sterilization and before each operation nurses were mopping every inch of operating room floor, ceiling, and walls with a solution of bi-chloride of mercury. By that time, too, every hospital had an alcohol lamp to make rough tests of urine for albumin; the nurse who could carry one when going into homes on private duty considered herself very modern in equipment. Before long hospitals had furnaces, running water, and even door-bells. And some had a telephone connecting the superintendent's office with the drug-room and the doctor's quarters, if he lived in the hospital. But the telephone was used only in emergencies, for everyone had much fear of "electricity."

An early student at Axtell's remembers the telephone as her major test of courage when entering training, even though she had seen one before, installed between the store and home of her well-to-do uncle. The first day in the hospital she was told to care for a baby and answer the telephone. Coming from a large family she had no fear of the baby, but the strange instrument was another matter. She sat trembling until the bell rang and was answered without disaster.

By 1900 doctors who considered themselves really progressive were insisting that X-ray machines be installed in hospitals for use in diagnosis. Toxin-anti-toxin for diphtheria was in general use in the hospitals and occasionally in rural private practice. Rubber gloves were also coming into use. But many hospitals retained carpets on their floors and typhoid fever was still so common, and present in recurring epidemics, that it was called "the doctor's meal ticket."

The presence of this disease was the best index to the state of hygiene and sanitation. Even more so was the public and medical attitude on bathing. Kansas, like much of the United States, had not yet reached

the Roman standard. Even in the 1870's some kinds of hydrotherapy were sanctioned by local medical practice—the revival of hydrotherapy, begun by a German doctor toward the end of the seventeen hundreds, had been responsible for the gradual change in advanced circles on the subject of bathing even once a month. But the innovation made very



TAKING A RADIOGRAPH OF THE CHEST.  
ABOUT 1900

slow progress except in the enlightened circles of the large cities. Well after 1900 a man could still get support if he disapproved of all bathing on the ground that his grandfather, who had lived to the age of ninety, had never had a bath since the day he was born.



X-RAY—1940

A Kansas woman who went to Chicago in the 1890's for training in the Women's Hospital liked to tell of two women who came together from large western cattle ranches for operations. The young nurses who admitted them were much impressed, for they were self-reliant, prosperous, well-informed, and intelligent. While waiting for their room they strode up and down the halls, watching the hospital routine and examining equipment with keen attention. Then the nurse led them to their rooms and

began to help them undress. Although this plainly embarrassed them, they submitted heroically. They also submitted, with some protest, to stripping off the long brown home-made Canton flannel underwear, assumed apparently for the duration of their visit and prepared with the idea that the color would not show soil. But when it came to the pre-operative bath and shampoo there was open rebellion. One woman said she had not had a bath since her son, then twenty-eight, was born, and as for her hair, it had never been washed—a comb and brush were adequate for all practical purposes.

By the nineties nearly all Kansas hospitals gave every patient a bath on admittance—those who did not need it were so rare it was not necessary to make exceptions. Patients who could walk were taken to the bathroom. Most had to be argued into compliance and were especially stubborn if not permitted to bathe without assistance. The bath in bed was even more of an affront to their modesty. When patients not confined to their beds were told they were expected to bathe each day, there were often exhausting arguments. Many really believed that water in such quantities was “weakening,” if not actually injurious.

The nurses came to accept these arguments as a form of education, for once a patient became accustomed to bathing, either in the bathroom or in bed, and discovered the comfort it gave, he frequently became indignant if the bath was omitted on Sunday to give the nurses some free hours. It is told that one old bachelor, who appeared at the hospital for observation in a state of record-making filth, could not be argued into a bath and walked out when the doctor decided that the rule should not be broken. Later, he was so miserable that he returned and reluctantly submitted to the process. The results apparently amazed him. Still suspicious, but with less grumbling each day, he suffered the attention. The next time he came back for treatment he was so instantly ready for a bath that the staff believed that it had been a major inducement to return.

Bathing was but one of many factors that gradually broke down public resistance to treatment in hospitals. After 1900 the institutions multiplied rapidly in numbers; of 24 opened between 1900 and 1910, three were established by religious groups, 19 as commercial enterprises by physicians and surgeons, and one by the University of Kansas with land and \$80,000 provided by Dr. Simeon B. Bell of Rosedale as a memorial to his wife. The university hospital has become the practical teaching center for both nurses and medical students enrolled at the university.

A training school was opened as soon as the hospital was completed, in 1906, under supervision of Pearl A. Laptad, a graduate of Christ's who had taken further training at the Presbyterian Hospital in Chicago. For some time she was the only graduate and in addition to giving lectures and practical training she supervised all nursing and was responsible for the operating room. After some time a senior medical student was assigned to resident duty and cheerfully helped with any jobs that were needed including work now done by a janitor.

But in spite of improvements, many of the hospitals were still primitive by modern standards for a long time after 1900. One established in 1902, later to become a serviceable institution, housed its first patients in a frame dwelling to which a small addition was made. The surgeon, who was one of the owners, and his family lived on the first floor and shared their dining-room with the nurses and their bathroom with both nurses and patients. The operating room was also on the first floor. The rooms on the second floor with one exception were used for patients; the remaining room was supposed to be the bedroom of a student nurse but it was chartroom, guest-room, and occasionally, emergency bedroom for patients. The second floor had a toilet in a tiny closet that was also used to clean and store the bed-pans as well as the enema tubes and other tools. The low third floor, an oven in summer and ice box in winter, held the bedrooms of two nurses, of two or more physicians, and of the cook. During busy times patients were sometimes accommodated on the third floor in the bed of some member of the staff. Patients too ill to climb stairs were carried.

At a seven-bed hospital established in the period by one of the Catholic orders, the sisters often slept wherever they could find a spot to stretch out—on the operating table, in the bath-tub, on trunks holding supplies, and even on the floor.

At another the nurses had an unusual difficulty to contend with: they had to run out at intervals to stoke an acetylene gas engine, a light generator so erratic it was placed in a dug-out at a safe distance from the building.

In yet another hospital the equipment was so meager that when a surgeon broke his alcohol-heated needle while removing a cancer on a woman's lip the replacement that enabled completion of the operation was the needle from the pyrography outfit of a quick-witted nurse. As this hospital was in a town without central water supply, the building had a pump in the basement to supply pressure. While the janitor was supposed to keep the tank filled, pressure sometimes went low after the janitor had gone off for the night; it was a nurse, of course, who had to do the pumping in such emergencies. In spite of Semmelweis, Lister, Koch, and their confreres, this hospital made no attempt to segregate its obstetrical and "clean" surgical patients from those that were infected. All types of cases were cared for in the same dormitory by the same nurse. Sterilization of supplies, done over a gas flame, took three days.

There were no washing machines of any kind to lighten the labor of the laundry-work done by the nurses; a washboard and elbow-grease had to suffice. In many cases all hot water had to be carried up from the basement kitchen.

The first call systems were quite crude. While in some places patients continued to beat on the iron bedsteads or tap on cups with a spoon to summon attention, better-equipped institutions supplied hand-bells. Later, patients were able to sound a central gong by pressing a button at the end of a wire fastened to their pillows. All of these de-

vices gave the nurse no clue to which patient needed her and as she went from room to room trying to answer the call, every one remembered something he wanted.

"Did you call?"

"No, but I'd like a cold drink."

"Did you call?"

"Well, no, but I was just thinking that I would like to be turned. And can I have another blanket?"

"Did you call?"

"I didn't but now that you're here will you close that window and fix this pillow? And my hot water bottle is cold."

The system was worse at night, since the patients who had not been wakened by the bell were inevitably roused by the entrance of the nurse. Some nurses carried lamps with them on these rounds but the cannier ones slipped about in the dark and listened in doorways to discover breathing that indicated a patient was awake.

A later device with a central indicator was almost as bad as the bells. A little metal flap covering the room number would drop with a loud click when a button in the room was pressed and a buzzing would begin that could be stopped only by pressing the flap back into place. Unless a nurse happened to be by the call-board, the buzzer, designed to reach her at any point where she happened to be, was equally efficient in waking everyone within range.

When electricity was first available to replace the dangerous kerosene lamps, power was shut off before midnight in most of the smaller towns. By that time lanterns were being used by night nurses and this practice was still common in Kansas as late as 1914. In fire-proof hospitals candles were sometimes used.

The World War of 1914-18 improved standards of medical education, and spread word of advances in sanitation that became important in changing the old hospitals, though there had been gradual improvement in many even before the war. Even more important were the activities of the association organized by the better educated physicians and surgeons to force the backward and badly administered institutions to improve or be black-listed. Twenty-four hospitals are now operated by Roman Catholic female orders, 8 by the Methodists, 3 by Mennonites, and 5 by various other religious groups. The number wholly supported by public funds is a minority. Among the privately operated institutions are some established by fraternal orders, the majority in connection with institutions having other functions.

The oldest of these is the Mother Bickerdyke Home. In July 1888, Arthur and Alice Larkin gave 160 acres of land south of the town of Ellsworth to the Grand Army of the Republic on the condition that a reunion of the Union Army veterans be held on it at least every other year. In case the reunion was not held the land was to be turned over to the State for charitable purposes. Reunions were held in 1890 and 1892 but none thereafter. In January 1897 the Grand Army turned

the land over to the Women's Relief Corps, which at once established a home and hospital for veterans and their dependants.

Unable to support the project, the Relief Corps after four years complied with the terms of the deed and turned the property over to the State, including the buildings. The State placed the home under the board of the State Soldiers' Home at Fort Dodge and reserved it for the care of widows and minor children of Union veterans. As these dependents declined in numbers the law was amended to permit entrance of dependents of veterans of later wars and expeditionary forces. The hospital connected with the home has 33 beds.

The history of the hospitals for the mentally ill and diseased in Kansas parallels that in other states. Although the sponsors of the first hospital opened in what became the United States collected funds largely through the plea that many of the "lunatics" running at large could be improved or cured by medical care, the average citizen has tended to regard institutions for such patients as prisons maintained to protect him from dangerous and disturbing elements of the population. What happened to the inmates and how they were housed were of scant concern. As a result of this attitude, the care of the mentally diseased in public institutions drifted into the hands of the worst possible caretakers. Lacking a scientific interest in improving their charges, and in adding to the sum of knowledge by observation of hopeless cases, they were drawn to the unpleasant work largely by the authority it gave them over helpless human beings and the opportunities for torturing and tormenting them.

Although Dorothea Lynde Dix labored long to improve conditions in what were then called "insane asylums," there was little general progress until after the beginning of the twentieth century. This was especially unfortunate because only a very small number of the afflicted were able to afford private care during the long period required for improvement or cure. The conditions in such public institutions were rarely brought to public attention except when investigators of prestige forced themselves in and reported to the public. Complaints made by inmates who escaped or managed to smuggle reports out were dismissed as the ravings of "crazy" people. The administrators connived to protect themselves by establishing a mail censorship, which made certain that no letter went out carrying complaints of treatment or personnel. This censorship, still in use in most parts of the country, is defended on the ground that patients should not be allowed to disturb families and friends by irrational and obscene rantings, but is often abused by the staffs.

Welfare leaders found that they had to solve three problems in improving the care of mental patients in publicly supported institutions. First and above all they had to free the institutions from political control, second to find competent administrators, and third to obtain funds sufficient to equip the institution and attract able personnel by insuring them tolerable living and working conditions. At best it is difficult to

find competent nursing and attendant staffs in this highly complicated and nerve-wracking field and good staffs can not be built up in institutions where quarters and food are bad, where work is constantly thwarted by outside interference, and where even a part of the employes are appointed without regard for their job fitness. Funds supplied for the work are, with few exceptions, very inadequate, the per capita expenditures usually being far lower than those in other public institutions for care of the sick.

The story of the care of the insane and mentally diseased in Kansas is no worse than that in most other states—in some cases it is better, but as late as 1940 the superintendent of the Larned State Hospital announced in his annual report that the system under which employees were picked for the hospital by political allotment was a serious detriment to the work, resulting in many staff members "temperamentally and physically unsuited for the position which is vacant." He added, "No institution can run satisfactorily that is dominated by politics, and the sooner John Taxpayer realizes this and demands that all of our institutions be placed on a merit rather than a plum basis, the sooner Kansas will take her place as a progressive state."

Later in his report he went on to plead for a separate building to house the male and married attendants, pointing out that while a home for single women nurses had been built in recent years, the male attendants and the couples jointly employed in the male sections were still living in small rooms close to the wards, where they were deprived of rest and sleep by noisy patients and unable to have a normal domestic life. That the hospital is now approved by the American College of Physicians is tribute to heroic efforts made by the fighting superintendent, who ended his report with the statement: "We will admit that on the whole we are fairly happy and grateful for favors extended. A loyal personnel of employees, a community in sympathy with our institution, an administrative board heartily co-operating—all these make for a background conducive to a good institution. If we do not have this kind, the fault must lie with the superintendent, and he, happily, is too dumb to feel humiliation."

Since he had also been repeating an urgent plea for more space for patients and reporting that there was no longer room for one more bed even in the basement, the report indicates the patience needed by administrators.

The reference to married couples shows survival of a custom established in the days when the first small institutions were opened. A man was hired as superintendent and his wife as cook and caretaker. As in early general hospitals, these attendants occupied one of the rooms in the little "lunatic asylum." More couples were hired as the institutions expanded and the women continued to do the housekeeping chores while their husbands sat during the day on chairs placed at key-points to guard against violence. At dusk the patients were locked in. If one became violent during the night the remainder suffered his outbreak as best they

could. On the following day the maniac might be confined in a bed-cage—a curious affair that resembled a chicken coop and was about the size of a roughbox used to hold coffins. Strong wire reinforced the wooden slats. The contrivance was enough to terrify a man of sound mind and must have wrecked whatever remained of the sanity of those placed in it. As they struggled and fought to escape they lacerated knees, backs, hips, and elbows and their wounds were soon infected as a result of the prevailing filth. The present system of placing disturbed patients on canvas hammocks in tubs, with water at carefully controlled temperature, is an innovation of fairly recent times.

Couples with the hardihood to take such positions also had to be quite unconcerned about what kind of food they ate. Patients did the cooking, usually with little supervision, and by the time the unpalatable messes were served they were stone cold. Even today attendants often



A BED-CAGE USED FOR RESTRAINT OF  
MENTAL PATIENTS.

have to share the food served to the patients, and have no opportunity to reheat it if it arrives lukewarm.

Not all Kansans have been content with these conditions. When Dorothea Dix visited Kansas in the summer of 1869 she found various people anxious to ask her advice on the management of Osawatomie. In 1873, however, when the institution designed for 80 patients, had an average of 200, the employees staged what the trustees were later to describe as "the disgraceful exhibition of insubordination" that resulted in a legislative investigation. As explained by the trustees, the revolt was caused by an attempt to cut down the food consumption in the institution to keep the patients from gorging themselves and was adopted as a medical measure; but they added "Consideration of public economy should restrain weight. . . . The cost of maintenance during the past year has been reduced to 19 (plus) cents per day per capita."

Four years later a committee attempting to find a new superintendent for Osawatomie "corresponded with twenty-five of the best regulated hospitals of the insane in the U. S., in efforts to secure the services of a physician as superintendent who is an expert in this branch of his profession." They offered \$1800 a year and maintenance.

During those years the facilities were gradually expanded at both Topeka and Osawatomie, but never before there were enough patients already on hand to fill nearly every bed space as soon as it was available. Soon after the additions were completed it would be necessary again to place shuck mattresses on the floor of the wards and rooms and to turn even the cellars into dormitories.

In the 1880's Topeka had one patient who drew wide public attention. He was Boston Corbett, a Civil War veteran who may have developed an abnormal mental condition as result of ten months' confinement in notorious Andersonville Prison. He first bobbed into promin-



FIRST BUILDING, OSAWATOMIE STATE "INSANE ASYLUM."

*Built in 1865.*

ence when a member of the Union party that tracked down the assassin of Lincoln. During the scouting he went to a revival meeting where he prayed loudly, "Oh Lord, lay not innocent blood to our charge, but bring the guilty speedily to punishment." His bullet is credited with having wounded Booth fatally.

After he began homesteading in Cloud County, Kansas, he became well known for his skill with a revolver, for his rampages against Sunday baseball games, and for his contempt of all authorities. In 1887, at a period when the Civil War veterans dominated Kansas politics, he became an assistant doorkeeper of the lower legislative chamber. In spite of the manner in which he had obtained the position he soon became critical of the legislators. One day, after an evening spent parading with the Salvation Army, he became convinced that he was the arm of Jehovah to drive the "money-changers from the temple." Charging into the room with his revolver, he sent the legislators under their tables and behind chairs, while the sergeant-at-arms and other guards sought to subdue him.

After he was captured he was taken to court where Charles Curtis, county attorney who later became vice-president of the United States, asked to have him adjudged insane.

Shortly after his incarceration at Topeka he was helped to escape on horseback and was never heard of again. Later one of his fellow veterans proclaimed that he had assisted in the escape. "Why not? Jeff Davis is scot free. Why should Lincoln's avenger be persecuted?"

The periodical criticisms of the "asylum" care began to bear fruit. In 1902, Osawatomie established a training school for nurses with a two-year course that was supposed to cover the usual subjects but stressed care of patients with mental diseases.



THE FIRST PRIVATE SANITARIUM FOR MENTAL PATIENTS  
IN TOPEKA.

About 1910 Dr. W. S. Lindsay, a former superintendent of Topeka State Hospital who was in private neurological practice, succeeded in having an eight-room, two-story building erected on the grounds of Christ's Hospital to shelter his psychiatric patients who could afford good institutional care. Before long, however, a family whose dwelling was opposite the little special hospital went into court to have it closed, complaining that the screams of patients disturbed their rest and that they were fearful some would escape and harm them. The building was turned to other use and a law was passed forbidding the use of any building for similar purposes if there was a residence within five hundred feet—which ruled out construction of any such institution within the city.

After a time Dr. Lindsay found another method of housing some of the patients who came to him from many parts of the state. He found a former attendant of one of the state hospitals who was a woman of better qualities than most who had done such work. She lived in a house of fair size with a daughter who was huge and fat but of phlegmatic temperament. The women agreed to take "boarders" in their home and

Dr. Lindsay placed iron screens on the windows of five rooms. Later other physicians sometimes sent patients to the house. Among these were the Menningers. They were satisfied with the caretaker but worried over lack of protection against fire. Eventually they persuaded Christ's Hospital to permit them to remodel one floor of a wing of the hospital for use of their psychiatric patients on a partnership basis. The arrangement was only moderately satisfactory as the other physicians and the normal patients objected to the noise that occasionally came from the section. When plans were being made for the new Christ's the



MENNINGER SANITARIUM, TOPEKA.

Menninger's made plans with the architect for a similar department in the new building. But their practice was expanding rapidly and there were still complaints from other members of the Christ's staff to inclusion of a section for mentally disturbed patients. While negotiations were under way a man who had formerly been an attendant with his wife at a state hospital approached Dr. Karl Menninger with an offer to go into partnership with him in establishing a private sanitarium. A farm suitable for the purpose was found on the outskirts of the city and the institution was established with the partner's wife and his daughter giving such care as could not be handled by the Johns Hopkins graduate nurse who was the skilled assistant. Later, graduates from Osawatomic joined the staff. Eventually, however, the Menningers decided to establish a school in order to train nurses in their own methods of treatment and also to cut the costs of plant operation, since graduates who are well-trained in the psychiatric field draw high salaries. Since 1930 the training at Menninger Sanitarium has been for graduates alone, but clinics in neurology and psychiatry are conducted for students of the three Topeka schools of nursing.

A study made in 1939 by the United States Public Health Service in association with the Mental Hospital Survey Committee, which con-

sisted of outstanding psychiatrists, found that Kansas had 5,370 patients in hospitals for mental diseases, 92.6 percent of them in the state hospitals. It was further found that while Kansas had 7.1 percent overcrowding in these institutions, the situation was better than the average for the country as a whole, though slightly worse than for the region; that the rate of escapes from Kansas hospitals was 2.1, which was above the average for the country; that the death-rate in the Kansas hospitals was 40.2 percent per hundred admissions, as against 30.4 percent for the country as a whole; that the ratio of patients to assistant physicians was somewhat better than for the country as a whole; that while Kansas State institutions had only 49 graduate nurses this was somewhat better than the average per patient for the country as a whole; that the ratio of patients to nurses and attendants was 13.9 percent against a national average of 9.3; that the per capita payment of salaries and wages in Kansas were little more than half the average for the country as a whole, and that the per patient expenditure for all purposes was below the national average. In spite of these evidences of the need for improvement in the state in care of mental patients, the committee found that Kansas had one of the highest rates of volunteer admissions—25.7 percent as against 7.2 percent for the whole country—and commented that the percentage of volunteer admissions might be considered an index of the community attitude toward the efficacy of the treatment afforded in the institution.

The medical committee gave special attention to the need for more trained nurses in the hospitals for mental diseases and commented, "It is hard to think of an institution as a hospital when it employs not even one registered nurse." It also stated that the proportion of graduate nurses on the nursing staff was usually indicative of the quality of care in the institution.

Kansas, like other states, has found difficulty in eliminating friction between its untrained attendants and its graduate and psychiatric student nurses. The attendants who have long been in this type of work are usually very scornful of the young women who have modern ideas on how mental patients should be treated. While some have the attitude of the average jailor toward the unfortunates in their care, the majority are merely ignorant in their objections to treating their charges as sick people, rather than wilful offenders against the social mores. On the other hand, there are a few untrained attendants who have excellent instincts on how the patients should be handled and co-operate well with nurses and physicians, giving service that is out of proportion to the wages they are paid, and the hours and conditions of work to which they are subjected.

In addition to the state hospitals that care for mentally diseased patients, there are others that now employ at least one nurse. These are the institutions for the blind and the deaf and dumb, which are primarily schools rather than hospitals.

## CHAPTER VI

### *The Training Schools*

WHILE it is impossible not to mention the nurses, and the training they were offered, in telling of the hospitals, the story of the training schools is independent. That the hospital and the school for nurses should be separate institutions and that they of necessity had very different objectives was not understood in the early days of training in many parts of the United States.

At the time when civilian hospitals began to multiply in Kansas, the idea that hospitals should have trained nursing staffs was gaining general acceptance. But few of the Kansans who wanted to found hospitals had known trained nurses or read Florence Nightingale's book on what training should be given. Moreover, the number of graduates of good schools was still so small that there were not nearly enough to staff the hospitals springing up in all parts of the country—indeed, some hospitals found it difficult to obtain even one graduate to supervise the nursing staff.

Lacking a model, the majority of the hospital founders conceived of the trained hospital nurse as a substitute for the competent mother or neighbor who cared for the sick in the home. Primarily she should be a "good housekeeper" of the neighborly type. Since the average housewife of Kansas was still scrubbing her own floors and doing the family washing, it was assumed that these and similar chores were part of the work of a nurse. Even after it became apparent that there was much waste in using educated women for such labors, hospitals continued to spend every available cent to add to their number of student nurses, instead of hiring unskilled women for the rougher work. The reason was that the students, promised an education, would work for little or for nothing except room and board; "hired girls" would not accept such meager return. Humanitarians, quite as much as the physicians who founded hospitals as money-making ventures, shared in the exploitation.

That the kindly men and women who founded many of the hospitals did not question such a system was the result of their singleminded passion to help the homeless poor; they thought of the student nurses as participants in the humanitarian work. It simply did not occur to them that they were perpetuating one wrong in correcting another. The pioneer nurses to some extent were quite as responsible as the hospital founders not only for the waste of their labor but also for the excessive number of hours they worked each day. Fired by enthusiasm for the

new and exciting profession and filled with pity for the helpless people in their charge, they uncomplainingly did any task assigned to them and continued to work as long as they could stand on their feet. It was many years before it occurred to them and their sponsors that there was something wrong in a system that wore out or killed the women dedicated to saving life and improving health.

The question of what a nurse should be taught was quite as obscure in most early Kansas training courses as what jobs should be allotted to her. Unaware of Florence Nightingale's conception of nursing as a profession auxiliary to but independent of medicine, most of the Kansas hospital founders assumed that a doctor was the logical teacher of all a nurse should know. But many of the doctors of the day had had poor educations themselves and few, even of the best, had any idea of what should be taught. Fewer yet understood pedagogy, or considered it necessary to plan a course of study or prepare the individual lectures. In addition, the physicians, notoriously weak in organizing their work, rarely felt much responsibility about observing the class hour regularly and promptly. Under such circumstances the graduate of the early training school who managed to get a fairly good education in the course of her time in the hospital did it largely by reading borrowed medical books and journals, asking endless questions of the most competent attending physicians, and studying the patients and their symptoms with intelligent curiosity.

Axtell is considered the oldest school of nursing in Kansas, but training did not begin until a year after the hospital opened in 1887 and it was 1925 before the hospital had the number of patients and enough graduates to give training that was adequate by modern standards. Nonetheless, Dr. Axtell endeavored to give professional training to the two or three students usually present in the hospital, even obtaining Clara Weeks' *Practical Nursing* and special publications for their use.

St. John's at Leavenworth, first civilian hospital in the State, did not open a training school until 1903, for the Sisters of Charity, though belonging to the oldest of the female nursing orders, were slow to modernize their system.

Grace Hospital was founded by five doctors of Hutchinson in 1891. The owners offered training as a means of recruiting a trained nursing staff, and in addition gave the students \$5 a month.

The Winfield Hospital, which later became St. Mary's, was a community enterprise that opened in 1899 with the first Kansas training school founded for other purposes than mere staffing of the institution. With a graduate of one of the best nursing schools in the country for a superintendent, the board announced it would supply nurses for work in private homes, on a full or part-time basis. Unfortunately, the institution had such heavy financial difficulties that it was sold to the Sisters of St. Joseph in 1903 and the training school was closed.

Wichita Training School, a very progressive school for its day, treasures a record of the course of instruction it offered to its first students. It included:

1. Care of wards and private rooms, with the principles of ventilating and warming same.
2. Bed making; changing bed and body linen while patient is in bed; baths; management of helpless patients; prevention and treatment of bed sores.
3. Application and dressing of blisters; preparation and application of fomentations, poultices and cups; administration of enemata, and the use of the catheter.
4. Observation of temperature, pulse, respiration, secretions and excretions.
5. Administration of medicines, stimulants and nutriment, and the keeping of suitable records.
6. Disinfection and the prevention of disease.
7. Care of the patient before, during, and after an operation.
8. Care of burns, wounds and ulcers; control of hemorrhage and artificial respiration.
9. Bandage making and bandaging; padding splints; preparation of aseptic and antiseptic dressing; care, names and uses of stimulants.
10. The care of obstetrical patients.
11. The nursing of contagious diseases.
12. The preparation of food for the sick.

Instruction was given by "visiting and resident physicians and surgeons," by the superintendent and the head nurses. Lectures, recitations, and demonstrations took place from time to time and examinations at stated periods.

A typical course of 1900 included general nursing, general surgery, obstetrics, gynecology, anatomy, materia medica, and instruction in diet for disease. Some schools added ethics, history of nursing, psychology, pathology, bacteriology, and Bible reading.

Such a course if given by competent instructors and in an orderly manner was good. But unfortunately it looked better on paper than it was. Beyond the lack of good instructors the most serious weakness of the courses was in the failure of the hospital managements to provide time for the classwork and for study. With twelve-hour shifts of duty beginning at seven in the morning and the evening, with frequent extension of those hours to meet the constant emergencies that are part of every hospital's daily routine, classes were held very irregularly. If a physician while calling at the hospital found a case he considered interesting he might give his lecture then and there, sitting on the side of the patient's bed and explaining to any nurses who happened to be near. Those who were absent, or were called away by a patient's buzzer, had to get that lesson from fellow students. No rooms were kept exclusively

for classwork and study. Some lectures might be given in the superintendent's room, others in the drugroom or whatever place happened to be vacant when class time arrived.

While the students were so eager for theory that temporary expulsion from classes could be made a heavy punishment, most superintendents put heavy emphasis on "performance" in rating the students. Often a stupidly kindly woman who was a good housekeeper was more highly valued than the intelligent nurse who was at her best in moments of crisis. The occasional rebel against things as they were had to be something of a hypocrite, for the cardinal sin of a student was questioning the actions and arrangements of those in authority.

The nurses who got their training in this hard early style eventually united with those more fortunate in their selection of a training school to raise the standards of nursing education, put an end to the exploitation of student nurses, and make training less subordinate to the needs of the individual institutions. Their instrument was licensing. By setting standards of training, in co-operation with the national associations, and refusing licenses to nurses graduated by schools with inadequate facilities for training, they gradually reduced the number of students available to the sub-standard nursing schools. Graduates unable to register are now disqualified for positions in the Red Cross, visiting, and other public nursing services.

In spite of the great hardships and inadequacies of early training the spirit of the schools was good. Most of the early Kansas hospitals were so small, and so many of the students came from the same thinly settled neighborhood, that there was a strong family feeling. Often the hospital physicians recruited the students from among the families they served; if a girl, for example, showed aptitude in caring for members of the family who were ill the doctor would suggest that she enter the local hospital for training. Thereafter he would keep an eye on her and help her to the best of his ability.

"Well, Lizzie, how's it going?"

"Fine, Dr. Jenkins. Oh, I wanted to ask you—why does Billie's temperature go shooting up so high every night and then go below normal each morning? And isn't there something I can do to make poor Mrs. Johnson more comfortable? I know she's going to die but there ought to be some way of stopping that pain in her leg."

And Dr. Jenkins would explain and advise, without any of the attitude of annoyance and superiority some eastern men were likely to exhibit toward the amateurs attempting to share their sacrosanct field.

Also, as the Kansas hospitals began to acquire well-trained nurses to supervise their students, training became an exciting adventure, in spite of long hours, inadequate instruction, and endless hard labor. For the pioneers who survived and were graduated had a passion for the profession they were creating and could light the fire of enthusiasm in their students. A nurse who was trained at Christ's under Mrs. Fannie McKibben, the first superintendent and a graduate of Jefferson Hospital

Training School in Philadelphia, always remembered the moment when Mrs. McKibben made her feel the importance of her work. The student had been told to stay with a man in desperate condition from cancer in his throat; it was feared that the jugular vein might hemorrhage at any moment, with fatal results. While the girl sat beside the sick man, trying to keep him from any effort that would start the bright red flow through the bandages, the superintendent came quietly in, glanced quickly around the room to see that it was ready for emergency action, felt the sick man's pulse, straightened the covers, and adjusted the shade on the light. As Mrs. McKibben was a strict disciplinarian and very attentive to details, the student waited breathlessly for correction or admonition. But the older nurse only touched her shoulder lightly and whispered, "Daughter, I'd give anything to be in your place. You are now doing real nursing. I'm only a superintendent."

Entrance requirements differed from hospital to hospital. All put emphasis on "character" and tried to discover whether the desire to enter the new profession was based on interest in caring for the sick, or was merely an excuse to get away from home. Health was second; a girl had to be robust to stand up under the hard work, the long hours, and the constant association with people suffering from infections. For many years, however, hospitals and training schools were more than lax in preventing illness among the nurses. In the early days not even smallpox vaccination was required and on one occasion when a patient in the early stages of the disease was admitted to a hospital in Wichita, two nurses as well as four other people were infected with the dangerous virus.

Age requirements for training were not rigidly set but while some girls as young as eighteen years were admitted twenty was considered the desirable minimum and thirty-five the maximum.

Educational standards were even more varied. While a grade school education was usually required, hospitals conducted by certain religious organizations considered church standing much more important.

On the whole, however, the nurses were better educated than the majority of women in their communities. Some had been teachers before the new professional field developed. In quite a number of cases the training in nursing led later to study of medicine. Anna Perkins, a teacher in 1889, went to Axtell to be with her sister who had developed diphtheria, became fascinated by the work of the nurses, purchased Clara Weeks' *Practical Nursing*, and at the end of her school term came back to enter training. Inspired by Dr. Axtell's enthusiasm over medical progress of the day, she went on into medicine.

Inevitably a number of students left training without completing the course. Some found the work too unpleasant, others were physically unable to continue. A few gave up because of lack of funds for such essentials as underwear and shoes. Some superintendents helped students to overcome the last difficulty by recommending them for private cases outside the hospital and permitting them to attend lectures when nearby.

Mrs. McKibben of Christ's made such an arrangement for Mrs. Womer, one of her first students.

In 1898 Wichita Hospital was paying "a monthly sum sufficient to provide the nurse's uniform and the necessary textbooks" and on completion of the two-year course a lump sum of \$100. The "monthly sum"



ANNA PERKINS

*Axtell's First Graduate Nurse, Later a Physician*

was \$4. By 1900 other hospitals were paying from \$2 in the first month to \$16 in the last, the sum depending largely on whether uniforms and other items were furnished by the hospital. Graduates, however, did not do much better. Dr. Hertzler of the Halstead Hospital was paying them \$40 a month in 1902.

As the value of trained nurses became better known, some hospitals made nursing in private homes a part of the duties of the senior students. Payments for the work went into the hospital treasury. While some of the experience was valuable to the students, it seriously interfered with the education they were promised on entering training, for the nurse sent out usually missed the lectures and had no way of recovering them.

At best, however, students rarely got the formal part of their professional education without considerable difficulty. Those on twelve or more hours of night duty had to stagger out in the middle of their sleep to attend lectures given at the convenience of the physicians, which was often some time near mid-day or might be very early in the morning. This was especially trying when the physician did not appear, having forgotten his appointment or having been called off by a patient. What the formal education consisted of depended entirely on the individual school until after the better-trained nurses were able to raise the standard and set minimum requirements in the State.

Nothing better indicates the helpless position of women up to the time of the 1914-18 war than these and other conditions prevailing in the training schools. Freedom from the domination of fathers and mothers was still so incomplete that even mature students submitted to regulation of their private lives and personal habits in a manner that now seems archaic. Some of the regulations were traditional and had been instituted by Florence Nightingale and others who in founding the profession had had to protect their students from the wide criticism that "nice" women would never do the things nurses were called on to do. Victorian prudery forced an armor of primness on trained nurses beyond that required of most women at the time. The pioneers were constantly being warned that if their conduct, even when off duty, was not highly decorous the public would judge all nurses as creatures of loose morals and manners. The same attitude persisted in every American community when trained nurses first appeared. Elderly women might perform personal services for a man but there must be something a little wrong with any young girl who did not mind doing such things.

One Kansas nurse still remembers a painful experience she had when returning to her rural home for a vacation while in training. For days not a single neighbor came near the house to greet her. Former friends did not acknowledge her presence by sign or letter. Then the concerned family discovered that some time before a member of the community had had to go to a hospital for treatment. On his return he had been very uncommunicative about his experience. But with the approaching return of a nurse he had revealed his horrible experience through his wife to save the neighborhood from pollution. As soon as he entered the hospital, he said, the "women-nurses" had taken him to a room, removed his clothes, and walked off with them.

Fortunately for the student nurse, the doctorless community soon provided her with a chance to prove her worth. When her brother came rushing in one day to report that a little neighbor was "terrible sick—

choking to death," she eagerly asked her mother if she might not try to help. The mother was doubtful but agreed she should try. The sick child's parents had sent for a physician who was expected at a house six miles away. It seemed, however, that he might arrive too late. In this desperate situation they were willing to let the student in, on the faint chance she might give some aid. The student looked the child over and thought she recognized the trouble.

"Would you mind if I sent a note to the doctor for some things I think he may need?" The father was willing to go on the errand—anything was better than watching his gasping little daughter. The nurse wrote, "If you have any diphtheria anti-toxin, better put some in your bag. It looks to me like that kind of throat." Her diagnosis was correct and the drug saved the child. Having been in the infected home the girl stayed on till danger had passed. The community forgot its earlier prejudices.

With such attitudes on the part of the public it is no wonder that association with young men was in most places forbidden to the student nurse. Infractions of this rule were grounds for dismissal. Even when nurses had attained a respected position the rules were relaxed very slowly. At the time of the war in 1914 a young man still had to be brave if he dared call at a nursing home, even to take a girl to church—the only relaxation considered proper. He could expect to be severely interrogated by the superintendent or matron on plans for the evening—at least he would run a gauntlet of searching stares.

Not many years before the war the students of one Kansas training school were occasionally allowed to borrow the long old-fashioned wagonette used to carry them to church for carefully chaperoned trips to the river for skating. Once they were joined on the ice by several young men. Eventually the chaperon collected her flock and started back to the hospital. Two students were missing. Their mates were appalled for the superintendent herself sat in the front office and had to be passed on the way in. The only hope was that they would reach the door on foot before the wagonette arrived—the chaperon was a good soul who would help cover up the dreadful offense. But the walkers were slow and their escapade was discovered. For two weeks neither was permitted to leave the hospital and both had to work without their prized caps. At another time five nurses in a psychiatric hospital, two of them seniors, invited two male nurses to share a midnight supper made possible by a basket one girl had received from home. On discovery they were sentenced to absence from classes for two weeks, deprived of their caps, and condemned to hoeing and picking peas in the hospital garden for two weeks.

At another hospital, with the usual rigid lights-out-at-ten rule, two students enjoying a rare evening off, missed the street car that would enable them to reach the hospital at the proper time. Walking fast and running, they managed to arrive just after the ten o'clock gong rang.

For three days they were confined to their rooms on a diet of bread and water.

When hair bobbing first became fashionable nearly all superintendents of nurses decried the fashion; it would detract from a nurse's dignity. Even a shortening to shoulder length, leaving enough hair to be tucked up when the student was in uniform, earned suspension from classes. Sturdy rebels risked punishment by bobbing anyway, but concealed their sin by wearing braids made of the shorn locks when on duty or in public near the hospital.

This severity was not confined to infractions of rules designed to protect the profession. Some of the superintendents were martinets equal to any top-sergeant. One nurse in training about 1900 remembers candles as the cause of much trouble. When the night nurse was hurrying through the dark halls it was sometimes hard to prevent bits of candle-grease from flying about. No matter how carefully a nurse tried to discover all such drops before she left in the morning, now and then one or two would escape her eye. But not that of the superintendent on her morning rounds. As soon as a white drop was found the night nurse who had been in the section would be summoned from her bed to clean it up. With the temperature that winter five below zero and the nurses' bedrooms hardly warmer, this punishment verged on cruelty.

Deprivation of the cap may not seem a severe sentence to laymen. It was, however, the equivalent of an officer's return to the ranks. The cap as well as the uniform was a symbol.

When the training of nurses began Miss Nightingale and other pioneers adopted uniforms for two reasons. The nurse's uniform, like that of the soldier, identified her as a member of a profession, setting her apart from the slatterns and well-meaning but untrained women who then cared for the sick. It also gave her protection, for it identified her as dedicated to humanitarian work. In the best training schools and hospitals the washable uniform was worn only by the nurse on duty; this helped to prevent the carrying of bacteria between sickrooms and public places.

In the days of nursing by neighbors the practical nurse usually wore a woolen dress in winter but considered an apron essential; it might be of gingham or calico, white or in colors, gathered full at the waist and, often as not, decorated with ruffles, cross-stitch, or lace. Mrs. Lurinda Smith, head volunteer nurse at the Tunnel Hill Confederate hospital in Georgia, wore a grey and red home-spun apron—"mingledy," she called it—which was changed frequently. But the practical nurse was far less concerned about frequent change of the dresses in which she worked, especially in winter. Some wore the same heavy voluminous garment day in and day out for months. This was also true of the women in the Catholic nursing orders.

The amateurs who started training courses in some of the early Kansas hospitals gave little thought to the need for uniforms. Some of the students made strong objection when first asked to wear them; the

only women so far as they knew who wore uniforms were the ladies' maids of the new-rich, then much publicized in women's magazines and the sensational journals. But as pride in their profession increased, and they had the example of graduate superintendents whom they respected, the opposition died swiftly. The doctors' hospitals that wanted to show the modernity of their plants were among the first to insist on uniforms.



AN EARLY GROUP AT CHRIST'S HOSPITAL, TOPEKA

The first uniforms at Axtell's followed the English models; they were made of heavy blue-and-white striped wash-material and like all dresses of the day had a basque waist and skirts gathered full and long enough barely to clear the floor. To emphasize modesty the rounded neck was as high as it could be made. One sensible concession, however, was that the plain sleeves stopped half way between the elbow and wrist, whereas most uniforms at the time had full-length sleeves.

Early Christ's made no attempt at standardizing the dresses of its nurses. Some were striped, some of plain material in a variety of colors, some aprons had bibs, and many were trimmed with lace. Dress collars were white but of any cut that pleased the wearer. There was equal diversity in the long white cuffs.

The Wichita Hospital Training School, organized in 1898 by Eva C. Coulter, a graduate of the Illinois Training School, which did the nursing for Cook County Hospital in Chicago, planned a uniform from the beginning. The students wore the usual high-necked, long-sleeved, full-skirted dresses, with stiff white collars; the full apron had no bib. Graduates wore white. Nurses on duty in the operating room wore long white robes and doctors were gently forced to wear the same, for Miss Coulter thoroughly understood the need of keeping all possible carriers of infection from the room where surgery was in progress. Large bibs were added to the aprons in 1912.



WICHITA HOSPITAL, CLASS OF 1912

While the Jane C. Stormont Training School, opened in 1895, did not have a trained nurse as its first superintendent, Mary Esther Williams, the superintendent trained by Dr. Milo B. Ward, one of the hospital's founders, was a Quaker and instinctively adopted a simple uniform costume for her aids. It was merely a big apron whose V-shaped bib was wide on the shoulders and narrow at the waist. In 1902 a stiff bishop collar was added, sometimes adorned with a prim white tie.

When Bell Memorial Hospital, nucleus of the University of Kansas Hospitals, opened its training school in 1906, Pearl L. Laptad, a graduate of Christ's in Topeka, adopted the standard full long-skirted dress, high collar, and stiff white bibbed apron. Nurses were allowed to remove the deep cuffs when giving a bed bath. This armor-plate was worn summer and winter.

The uniforms changed little with the fashions. In 1917 when women's skirts had become markedly shorter and narrower, many training school students were still wearing their full Victorian costumes; war



BETHANY HOSPITAL, CLASS OF 1894

shortages, however, helped to force the longed-for reform and gradually the skirts were shortened to a point slightly above the black shoe-tops and in time were gored instead of gathered. By 1922 some uniform skirts were half way up to the knees, still a modest length when street skirts were a foot shorter. Now most uniforms are of modern conservative cut with skirts only slightly longer than those of the current fashion. High collars have been discarded, a starched V-shaped one being used instead, and students no longer go on leave with the fiery red collar line round their necks that was once a special bane. Also, most uniform

waists are slightly bloused, the high buttoned tightly fitted basque having at last been discarded. Many uniforms have sleeves ending above the elbow. Black stockings and high shoes have given place to white stockings and oxfords.

Caps have undergone least modernization. When the training of nurses began some schools adopted a kind of wimple useful in protecting the hair, and to considerable extent in protecting the patients in that day of infrequent hair-washings and long straggly locks. This head-dress never gained much popularity in America, for it was hot and dropped forward when the nurse leaned over a patient. It was early recognized, however, that some kind of cap was needed, if only to keep top-heavy knots of hair from tumbling down at inconvenient moments. But American nurses did not especially consider utility in designing or adopting caps. This was the one point at which feminine vanity cropped up; even the early superintendents wanted to "look well" when facing friends. Two popular early types of caps slightly resembled hats of the day but were made of organdy—one a pleated puff faintly resembling a medieval crown and the other a curious stiff pill-box. Both were edged with pleated ruching and were hard to make. The young student who became skillful in making them was proud to take over the weekly job for her mates and in return received various favors, even from seniors glad to profit by her craft. On tall slender women who did not have much hair the pleated puff was very becoming, giving them dignity. But plump unfortunates, or the woman who boasted of being able to sit on her hair, sometimes looked quite absurd in the cap. The pill-box was even more trying.

Kansas nurses had much difficulty in making up their minds on the caps they preferred. Students in schools established by graduates from the East usually had to wear the cap adopted by the superintendent's alma mater. Other superintendents experimented and the results depended on their intelligence and taste. Some schools had caps that looked very much like doilies, which each student endeavored to arrange in the most becoming manner. Graduates usually wore the cap of their school, sometimes with the addition of a black band, but some who had suffered throughout training from an unbecoming cap adopted another type when they left the hospital. About 1920 an abbreviated version of the Dutch cap, made of linen, began to gain popularity and in a number of schools displaced the traditional horror, in part because it was cheaper. The organdy caps could not be washed and at the end of a week looked limp and soiled.

As training was regularized it became customary to have new students wear a simpler version of the usual uniform and to give them the cap only at the end of the probationary period. Capping became a very important event. Probationers borrowed caps from friendly elders to practice the most attractive mode of wearing them in the privacy of their rooms. This helped to relieve the strain as the time approached when the superintendent would make her decision on which girls were

"good nursing material." Even earlier in the probationary period, however, some of the newcomers would disappear from the ranks. One day a girl would receive the dread summons to the superintendent's office and be told, in a manner that varied with the character of the chief-nurse, that she had mistaken her calling. Some hurried off before they



HALSTEAD HOSPITAL, FIRST CLASS, 1911

had to meet their surviving classmates; others sat in their room in a flood of tears to throw terror into the heart of those still on probation. Toward the last week of the probationary period speculations on the subject of "capped or canned" became paramount. Upper classmen would condescend to relate how the superintendent had told them of

their fate; of what was a good or bad omen; and of ways in which a probationer might draw approving attention to herself. As the superintendents usually notified the probationers individually, and in accepting them delivered an individual sermon, the process of acceptance or rejection of a class might be strung out for a week or two, with those notified last approaching hysteria and having nightmares as the ranks were thinned.

The probationary period was supposed to give the student as well as the institution an opportunity to discover whether she ought to stay. A few probationers gave up, unable to bear the hard work, indignant over the discipline, or frankly unable to endure the smells and unsavory tasks. But the great majority were fascinated and yearned to achieve the favored status of a graduate. Once a probationer had been able to elicit a grateful sigh after making some patient comfortable, or had given some life-saving emergency service, she could not be happy until she had learned all the school could give her.

Nursing conditions in the early hospitals were as hard as pioneer housewives ever had to meet in their homes. Hours of work were so long that students sometimes went around in a daze. But hospitals were so small that each patient became known to every nurse and even their off-hours were spent in eager discussion of Mrs. Johnson's serious condition and the odd symptoms of the Golzer boy. Any crumb of information dropped by a doctor was passed on from one student to the other and they developed their own diagnoses and rather sound opinions on the competence or incompetence of the physicians visiting the hospital. Even the student played a part in training the badly educated doctors. If it was discovered that Dr. Poulter had a successful treatment for nephritic patients that was unknown to old Dr. Smather, it would not be long before some nurse would take Dr. Smather aside and tell him she wondered if such and such measures (the Poulter treatment) might not help—she'd read something about it in some journal. Unless the older physician had completely closed his mind to new ideas, he was quite likely to try the proposed treatment, with the explanation that he had been considering that very thing.

Some juniors rebelled secretly against the scrubbing, laundering, and gardening but the seniors never objected to the much harder ordeals many of them had to bear. The hospitals that made a practice of sending the older students into private homes to nurse paid little if any attention to the conditions under which the work was done. A nurse was expected to have resourcefulness and be able to meet any danger without flinching. As few people before about 1905 called for the services of a trained nurse unless the situation was acute, any assignment was sure to be difficult.

One nurse, a student in 1900, remembers how she was sent out to a one-room prairie shack to nurse a man who had had an emergency operation for a ruptured appendix. Neighbors watched her as she did what she could for the gravely ill man. At last, late in the evening they

withdrew, telling her if she needed anything to call. She was only eighteen, the man was near death, and she had not seen another house within miles. She watched her patient's pulse grow weaker, his breath more labored. Finally he was gone. She opened the door for help but faced only endless blackness in the yard. Terrified she shrieked as loud as she could, hardly daring to hope someone would hear. People suddenly rose from all sides and came toward the door; they had been waiting in the yard all along. Struggling for control she went back into the room and under the eyes of the neighbors prepared the body for burial.

Another student in her last year was sent out to nurse a young mother who had developed cerebro-spinal meningitis. Day and night with little help she cared constantly for the delirious patient. On the seventh day the doctor had a moment of thoughtfulness and suggested that the family place a couch by the patient's bed to enable the nurse at least to lie down occasionally. Three days later the sick woman died. The student prepared her for burial and afterward sat by the body to keep cloths moist on the face until the relatives could gather for a funeral.

Struggling wearily back to the hospital she discovered that an operation was to be performed the next morning. She had charge of the operating room. Before going to bed she examined the operating room supplies—they had been depleted in her absence and no one had thought to prepare more. It did not occur to anyone that the operation might be put off; the patient was already at hand and the hospital routine was set for the occasion. Calling her assistant, she hurriedly began preparation of the needed dressings and other supplies. At that time these were not made up in packs according to the type of operation, but were prepared in a series of small, carefully labeled packages that were assembled as needed. The nurses were exceedingly proud of the new gas sterilizer, so much more efficient than the old steam and oven affairs, and of the new tanks for boiling water, which enabled a quick mixing of sterile salt solutions. With this equipment they were able to finish the work some time after two in the morning. But there was little use in going to bed for the routine of an early operation began at five. First, a junior ran a formaldehyde cloth over walls and furniture; basins were taken from the bichloride solution where they had rested over night; tanks were filled with permanganate and oxalic acid solutions to enable the surgeons to disinfect their arms; hand brushes were sterilized. Packages of sterile rubber gloves, then a novelty with pebbled fingertips, were laid ready by the masks and gowns for surgeons and nurses. A pyquelin cautery was prepared and placed ready, since most patients of the day also had hemorrhoid operations as a dividend when forced to major surgery. If the patient was a married woman the instruments and other accessories for repair of child-birth injuries were made ready, too—that was another routine job conscientious surgeons performed for patients in the course of other operations, since at the time such repairs were rarely made after delivery. Other equipment for potential need was assembled—drains for



*The eight-hour day allows the modern nurse time for reading and physical recreation.*



*Pictured above are the library and recreation room at Bethany Hospital, Kansas City.*

use should free pus be found, and sutures of various kinds in case the operator decided on an innovation in "sewing up." Last came the many tailed binders in which it was customary to truss the patient who had had an abdominal operation.

The weary nurses ticked off the last of the list of equipment just before the surgeon appeared. The senior who had had little sleep for ten days went through her chores mechanically, hoping there would be no complication that required energetic intelligent action. At last it was over. The patient was placed on a stretcher and wheeled down to the

waiting bed. But this was not the end. The operating room had to be cleaned, all gloves prepared for re-sterilization, and all instruments scoured and sterilized.

Such inhuman drains on the strength of nurses are now a thing of the past. Why they were ever permitted to exist under the management of people deeply concerned with the relief of suffering is a mystery. They are, however, but one symptom of the bad hospital management widely prevalent before 1913 when the outstanding physicians and surgeons began their campaign to force better systems on hospital boards. Even the best, however, had astonishing points of inefficiency; Wichita Hospital is still proud of the fact that sometime between 1912 and 1915 it was a Kansas pioneer in starting 24-hour daily summaries of the condition of its patients.

Another inexplicable point of backwardness in the hospitals was the failure of boards to provide protection from physical danger to nurses working among strong delirious patients and the flotsam and jetsam brought to city hospital doors. One nurse still shudders over the night two policemen brought in a big Negro with restlessly roving eyes, said he had been in "a little trouble down the street" and needed observation in the mental ward, and walked toward the door. The nurse was small and knew the customary armament carried by Negroes. Before she could be left alone with the new patient, she said quickly to him, "Will you loan me your knife to open that?" and pointed to a package fortunately at hand. Caught off guard, the big maniac, as he was later discovered to be, flashed out a long slender blade and whipped it through the strings. The policemen, quickly realizing their carelessness, not only disarmed the man but also, to make up for their error, undressed him and helped to lock him up safely in a private room.

That, however, did not end the terror of the night. The Negro went quietly to sleep for a while, then woke in a frenzy. On her rounds the nurse heard a rattle of pipes and the sound of something heavy being wrenched and banged. Hurrying to the cellar she woke the janitor and together they rushed up the stairs to be met by the sound of furiously escaping steam from loosened radiator pipes. They had to go in and subdue the madman.

It took this incident to make the board of directors arrange to have an orderly on duty at all times and to issue orders that nurses should never work alone with patients having acute nervous and mental disorders.

A much longer time elapsed, however, before provision was made in many hospitals for the care and comfort of the special duty nurse. For a considerable period it was everywhere customary to place pneumonia patients on porches, since they were more comfortable when breathing cool fresh air. It does not seem to have struck anyone that moderation might be advisable in the treatment. Regardless of the temperature the patient stayed out and a nurse assigned to his special care went out too. The patient, however, had many blankets and hot water

bags for his comfort in cold weather, the nurse often little but a sweater over her uniform. Aleta Steck of Wesley Hospital in Wichita recalls a five-year-old with whom she stayed on a porch for many days, leaving only for meals and to change her dress.

Esther Combs Treadway, in a thesis prepared for her masters degree in the Department of Nursing Education at George Peabody College in Nashville, Tennessee, traced the development of Kansas schools of nursing out of the "training schools" of the early period. It began in 1913 when the Kansas State Board for Examination and Registration of Nurses "recommended" that at least two years of training be required and set three as desirable. In 1924 two years and six months, to include six weeks of vacation, became a requirement.

The first required course of instruction covered anatomy, physiology, hygiene, elementary bacteriology, dietetics, nursing ethics, elementary urinalysis, materia medica, and contagious diseases; this was to be supplemented with practical experience in medical, surgical, gynecological, obstetrical, eye, ear, nose, and throat, and children's nursing. By 1924 it was specified that the theoretical instruction should cover 350 hours, 118 of it in the first year, 136 in the second, and 96 in the third, and that the practical work should be supervised by a registered graduate nurse. The standards were raised further in 1928, and again in 1931 and 1933.

Such courses were beyond the ability of many hospitals; some solved the problem by arranging affiliations with other nursing schools and hospitals and, here and there, with colleges. As it became more and more a licensing requirement that students be given broad experience the smaller hospitals found that the students had to be away for such a long time in larger hospitals that they could be depended on for only a limited amount of the nursing. This and the amount of time that had to be given to class work, as well as the shorter hours of work, began to make nursing schools a serious liability to hospitals with less than fifty beds. Moreover, it became much harder for them to attract students, since many more fields of work were open to women and those with good educational preparation were unwilling to enter schools that gave only limited experience and professional education. A further problem of the small hospitals was that it was no longer possible to keep students away from classes when the institution needed them, or grossly to violate all sane standards of health preservation by routing them out of bed for classes while on night duty. Of the Kansas schools that survived this revolution, one fifth now provide more than the currently required 885 hours of instruction in theory and 6,285 hours of practical work. Moreover, eight hours is the common period of daily service, though a few schools use seven and more nine. Instead of months of night duty the usual term is four weeks, not assigned until after the first six months in the school. The total amount of such service is from two to six months.

While the early hospital board felt it was fortunate to have one graduate nurse and she was superintendent of both hospital and training,

as well as lecturer and supervisor of all nursing in the institution, all now have three or more graduates, according to the number of beds. In the early days a student had to take full responsibility when the superintendent, the only graduate, slept and in the days before a night supervisor could be summoned by telephone that responsibility might be heavy. No system of seniority had then been evolved and a dependable girl who had been in training only three or four weeks might find herself in the position of night supervisor of a ward or even of the whole hospital. How far she went before summoning her adviser depended entirely on her judgment, or lack of it.

Seniority privilege and responsibility were part of the Nightingale system, probably a result of the experience in military hospitals of the Crimea. As Kansas began to acquire nursing superintendents who were graduates of eastern schools patterned on the Nightingale school, the system was introduced to the state. It produced much needed reforms. In later years it also caused serious problems, having been carried to ridiculous lengths. Since all time lost through illness had to be made up, the number of days each student nurse had to her credit varied considerably even within the class. With seniority patterned on the army system, students were expected to stand up in the presence of seniors and to accept all orders given by them. Gradually some students began to demand deference from class-mates with as little as a day less training credit, and to carry their privilege of seniority to the point of passing on all the unpleasant work to their "juniors." It is told that one entering student, who had heard of the system, arrived fifteen minutes ahead of the time when formal entrance was to take place with the idea that she would thereby have some seniority from the beginning.

Oddly, the older supervisors and superintendents were reluctant to abolish even the more absurd aspects of the system; they had suffered under it and they saw no reason why the "pampered" students of the younger generation should not undergo the same persecution. Reform came, however, when the work began to suffer while arguments went on as to which nurse had to answer calls from patients, and emergency assistance was delayed by the question of which student had the right to go through a door first.

Increased supervision by graduates after 1924 helped to stop the worst abuses of the seniority system. By 1928 every accredited school had to have a superintendent of nurses, in addition to the hospital superintendent, an assistant superintendent, a night supervisor, and a dietitian. Later employment of the assistant superintendent was not mandatory but a well-qualified nurse-instructor was added to the basic staff.

The addition of a nurse-instructor was important in raising the school standards. For the first time the schools had one person whose primary function was teaching, who would not subordinate the best interests of the students to the needs of the institution, or who would at least endeavor to put training first. Also, this requirement insured the presence of at least one person on the teaching staff with knowledge of

pedagogy; even the best of training school superintendents might not be a good teacher.

Some years before this, however, several of the best schools had already hired full-time instructors. Wesley in Wichita was the first, when it employed Alice McNeill in 1920. Bethany in Kansas City, which acquired Ada Lindquist in the following year, when it graduated 16 nurses, was second.

Bethel Deaconess Hospital at Newton employed Sister Gertrude Penner in 1921, though it graduated only eight nurses that year. Bethel, however, had been founded with careful attention to instruction. It stems indirectly from the nursing deaconess movement of Kaiserswerth days. The directors of Mennonite Bethel College organized the Bethel Deaconess Home and Hospital Society, on March 30, 1903, the year after one of the deaconesses studying in the college had gone east to the Deaconess Hospital in Cincinnati for training in nursing. After completing the two-year course the young woman, Frieda Kaufman, returned to Kansas to work in Goessel, where the Mennonites had opened their first American hospital in 1899. Soon Sister Frieda came to Newton to assist in plans for the home and hospital. Before the building was opened on June 11, 1908, two other deaconesses had completed training in nursing and one of these, Sister Catherine Voth, became first superintendent of the nursing school, established with the hospital and from the beginning with a three-year course. This training school placed primary importance on "Christian testimony" in selecting its students and gave preference to those who were preparing for home and foreign mission work. The educational requirements were somewhat higher than at Goessel, where the training had been handicapped by the limited pre-professional preparation of the students. At Bethel the training courses included a large amount of Bible study, and bedside work was accompanied by prayers and Bible reading.



SISTER FREIDA KAUFMAN

Among seven other schools that acquired a full-time nurse-instructor in 1921 was Christ's, which was graduating ten nurses. Others fell in line later and by 1936 slightly more than half the accredited schools had at least one full-time instructor and nearly ten per cent had two or more. The University of Kansas School of Nursing has three, in addition to a director and assistant director. In spite of these advances the remainder still depend largely on instruction donated by physicians.

With the improvement in instruction and conditions of work in the hospitals standards of entrance have been improved. Although most

Kansas schools will admit students eighteen years of age, others set nineteen or twenty as the minimum, and four years of high school work has been a standard requirement since 1933. All applicants must pass a thorough physical examination and be immunized against diphtheria, smallpox, and typhoid. In more than half the schools the students now



TYPICAL KANSAS CLASS AND DEMONSTRATION ROOMS

buy their uniforms and books and an increasing number of schools are now charging some tuition. The preliminary period varies from two to nine months, though a committee of the state nursing association recommended four months as early as 1922. The recommended six weeks of vacation is usually scattered through the three years of training.

Some of the students spend as much as a year in other hospitals to obtain the experience lacking in their own smaller institutions. Students

who are taking a bachelor degree in connection with training spend five years on a course, available at both the University of Kansas with its hospitals and the College of Emporia through Newman Memorial Hospital. St. Mary College of Leavenworth provides a one-year affiliation in nursing science that is part of the theoretical work required of all students in the Providence Hospital School of Nursing of Kansas City, St. Francis Hospital School of Nursing of Topeka, and St. John's in Leavenworth. After completing training in these nursing schools some students return to the college to complete work for degrees in science. Marymount College at Salina offers similar courses for students in the schools of the Catholic hospitals at Salina, Manhattan, Concordia, and Sabetha. A great majority of the nursing schools that do not have adequate laboratory facilities for their students have arranged affiliations for this purpose with local colleges and high schools. Ten schools now offer experience in out-patient work.

In 1928-9 the Christ's Hospital Training School became a separate institution, that contracts to supply the hospital with a nursing staff, was renamed the Vail School of Nursing, and became affiliated with Washburn College. An affiliation with the Municipal University of Wichita has been arranged for student nurses from several of the Wichita hospitals.

In all schools there has been a great improvement in facilities for training; all now have rooms used only for classwork and equipped with skeletons, blackboards, life-size dolls, anatomical charts and models, and other apparatus. Most also have a library where professional books and magazines are available.

As standards have risen the number of schools of nursing has decreased. Of the 109 accredited since 1913 only 39 were left on January 1, 1942. But the number of hospitals has also declined for rapid transportation has made it unnecessary for local groups to keep up the struggle to support small institutions that at best were inadequately staffed and equipped. Among the closed hospitals are a number that were operated by doctors who closed or sold them to other institutions when they could no longer be run at a profit if they had to meet the requirements for approval by the College of Physicians and Surgeons.

In spite of the great improvements in training and standards of nursing education there are some older nurses who question whether the modern graduates are any better prepared to meet emergencies than were the graduates of the rough and ready training of the past. But the field of the nurse is far wider than it was in 1900, disease prevention and health education now having an importance undreamed of at that time and making far more demands on the women who are in a majority in the work.

## CHAPTER VII

### *Lamp in Hand*

IN THE early days almost all graduates started private practice in homes as soon as they left the hospital. Before Kansas had graduates of its own, nurses occasionally came into the State, to care for wealthy people, most of them from Chicago, one of the oldest and best of the early training centers. Also, senior students did private duty in the



A TYPICAL WESTERN KANSAS SOD-HOUSE

homes, sometimes because the hospitals wanted the revenue for their services but quite as often because physicians felt their services necessary for the saving of desperately ill patients.

Edith Stanforth, a graduate of Stewart—now Grace—Hospital in Hutchinson, recalls how in September, 1910, when she was a senior student, she was sent off into western Kansas to care for a rural family stricken with typhoid. Even though the hospital received the fifteen dollars a week paid for such services, putting one-third of it into a fund the student received at graduation, every senior was eager to be selected for the out-patient assignments. All the cases were desperate before such help was permitted by the family, and each student regarded her selec-

tion for the work as a mark of trust in her ability and an opportunity to prove her worth.

Miss Stanforth arrived at the sod-house to find not one patient but three—boys of six, eight, and eighteen years of age. All were in one room; in the other, two steps down, lay the body of the mother who had just died of the disease, which had been complicated by a miscarriage. As the nurse moved about the mud floor under the low roof unpacking her bag, the oldest boy had an intestinal hemorrhage. In getting the situation in hand Miss Stanforth had an assistant—a half-breed Comanche—who at first filled her with much fear. But he, like other Indians, had a primitive understanding of the needs of sanitation and proved far more helpful than the surviving members of the family.

The first desperate effort was to prevent further internal bleeding. The patient could not be allowed to move in any way. That called for the use of a bed-pan, a facility student nurses did not carry with them. A three-loaf bread-pan with a padded board across one end made a workable substitute. The patient had to be kept warm after the loss of so much blood. In the absence of a hot water bag, fruit jars and stovelids were called into service. But even the heating of these primitive substitutes presented a problem in the treeless country. Dried cow-chips formed the fuel of penniless people in the cattle country.

The county had summoned the nurse and the Ladies' Aid at the county seat, eleven miles away, sent out clean sheets, soap, a basin, and nightshirts. Between caring for her patients, Miss Stanforth brushed up the earth floor, brought order to the sick-room, washed the windows, devised a muslin screen to keep out flies, and refilled the straw mattresses. Her efforts were impeded, rather than helped, by nine relatives of the family who had come from a neighboring homestead for the mother's funeral and stayed in readiness for others.

As there was no room for them in the house they put up a tent in the yard. For the first three nights Miss Stanforth did not dare leave the sick boys and time and again during the long dark hours punctuated by the blood-curdling howls of the coyotes she felt she could not stick it out. But each time she resolved to leave she remembered her patients and changed her mind. If she could not stand the conditions she would change them. Dragooning help, she had the filthy yard cleaned and got a primitive toilet built, all the time drumming into the ears of the family the need for simple sanitary precautions if they were to escape infection.

When at the end of fifty-eight hours without rest, she felt she dared leave the sick boys for a time, the only place she could find to lie down was in a corner of the visitors' tent.

While working with the boys she gradually discovered the family history. Until they took up the claim they had moved from place to place in a covered wagon, searching for work, apparently without much hope or ambition; the filth she had found was habitual.

When Miss Stanforth left after three weeks and two days, all three patients were well on the road to recovery, and she had the additional satisfaction of feeling that she had been able to make some improvement in living conditions, intolerable even before the illness. Thus the early private duty nurse was the pioneer in public health, a teacher as well as skilled attendant for the sick.

Well into the present century, however, she was still having to loosen the reins from the hands of native "sitting-up" experts who felt quite sure their experience made them better judges of what should be done than the young woman in white from a hospital. Elizabeth Pearson, a 1901 graduate from Christ's in Topeka, recalls a time when a doctor forced her services on a family who, although four of its members were ill of typhoid, resented having to pay \$15 a week for work its elders, who described themselves as "born nurses," felt they could do quite as well themselves.

Even when people were willing to have the nurse, she carried on a constant though tactful battle against their bungling attempts to aid her. It simply did not occur to them that there was anything wrong in constantly slapping the pillow of a patient to drive away the flies, or in washing the typhoid fever bed-pan at the family pump.

Even if some families continued to resent the nurse, most of the patients soon came to value her and to develop a childlike faith in what she did for them. It took only a few hours for a desperately sick person to recognize how much more comfortable he was in her hands, to appreciate her unfailing vigilance in supplying liquids he was too weak to ask for, and to depend on her unemotional support in the fight to live during the hours before dawn when strength is at its lowest ebb.

Families often lost fear of the nurse very rapidly when they witnessed the patient's trust in her and saw that she did not sit idly by when death seemed near. Frequently she became their main support if death came, often staying for a day or two as a friend to nurse prostrated survivors through their shock and help them prepare for the funeral. Such gratuitous services resulted in life-long friendships with all members of a clan. The same nurse would be summoned again and again, sometimes half way across the State, to take responsibility when illness again appeared; the married daughter would remember how wonderful Miss Smith had been in papa's last illness and send for her in preference to a stranger who did not understand the family situation and constitution.

The fifteen dollars a week that seemed so much to the families that hired her was much too little for the nurse. As most of the time when she was "on a case" she had very little sleep, and food was frequently inadequate, she had to have time to recover between jobs. It was necessary to maintain a room somewhere, whether she occupied it much or not, to keep a supply of clean uniforms, to buy meals when off duty, to have some funds to fall back on when payments were made slowly, or defaulted, and new cases did not appear. If she became ill physicians usually gave her medical care without cost as a professional courtesy, but

she had to depend on herself for care and shelter. Frequently two or more nurses shared a room to cut costs of maintenance and to have help at hand in time of personal illness or financial difficulty.

At first nurses depended on medical men they knew to supply them with work but the idle nurse wasted a great deal of time querying one



MRS. BROOKIE FORD FRANK (Standing) AND MRS. EDETHA DODDS WOMER  
*Oldest Living Graduate Nurses in Kansas, Illustrate Early Day Uniforms, Equipment,  
and Nursing Care at 1941 Convention of Kansas State Nurses' Association*

doctor after the other to find one who needed her. Out of this situation grew the central registers through which doctors could quickly find which nurses were free for a new case. The first register in Topeka was a notebook the nurses kept in the Swift and Holliday drugstore. A nurse

released from a case signed her name and address and local doctors consulted the book when help was needed.

Every gathering of the pioneer nurses results in a rich collection of reminiscences that reveal how the foundation was laid for the present day worker. The emergency techniques taught to the visiting nurse of today were worked out by their private duty predecessors, who eventually pooled their experiences in devising makeshift facilities for the benefit of one another and the younger generation. The pioneer was an adept at turning a kitchen table into an operating table, at making screens by



HOME NURSING CARE OF A MATERNITY PATIENT IN THE NINETIES

draping sheets over chairs and dressers, at supplying heat to a patient with aid of bricks and cans, and at working out devices for the comfort of persons suffering from hip, back and leg fractures.

The reminiscences are also full of evidences of the tact that the successful nurse had to have. Mrs. Lucy Huxtable, who began private duty in the 'nineties, can now laugh over a new father who gave her endless trouble and was much more of a problem than was the patient. She had gone to the farm on request of the husband's parents to care for a woman who expected a baby. When labor began a man was sent on horseback to summon the doctor who was in the town, ten miles away. The husband, who had "studied medicine" for less than six months in a doctor's office, regarded himself as an authority on what should be done. He hung about

the room, watching the nurse's every move, questioning suspiciously the what and the why, in no way adding to his wife's peace of mind.

The baby arrived before the physician, who, unusual for his time, prepared to do the usually needed post-delivery repairs—only two small stitches. When the father discovered what was being done, he became quite indignant. A good nurse would have prevented the injury. In the ensuing days he insisted on being present each time the nurse irrigated the stitches, embarrassing his wife as well as the nurse. He was insistent that the baby be given to its mother for feeding each time it cried, saying that the three-hour schedule was nonsense and that his child should have as good care as baby pigs and calves, which suckled whenever they were hungry.

After a day or two he made up a list of Mrs. Huxtable's sins and sent them to town to the doctor, with the demand that he come out at once. When the physician came and confirmed the nurse's techniques, the father's opposition somewhat gave way, though he continued his grumbling and meddling. Then the young wife's mother took a hand. One day the nurse discovered that the infant's crying had been stopped by giving it a piece of fat meat to suck. The nurse removed the meat. The grandmother became angry. Nobody could tell her nothing. She guessed she'd raised and buried enough children to know what was what. At the end of a week, with the mother in good condition, Mrs. Huxtable gave up the unequal struggle, writing a note to the husband's parents, who were paying her, to explain why she was leaving.

When Mrs. Huxtable tells of that day-by-day battle, other old timers are reminded of their own hard experiences with the families of patients. It was quite customary for the arriving nurse to be questioned by the entire family on her qualifications and personal history. While one person usually took the lead in the catechism, one to six others would sit about solemnly prodding the questioner or repeating his questions for a second answer. So little was the role of the nurse understood that families frequently regarded her as a cheap substitute for the doctor that would save them expense. One woman was very resentful, feeling she had been cheated, when she discovered that the nurse would not sew up tears if her daughter were torn during delivery. Families were also quite reluctant to provide needed equipment, even though well able to afford it. On occasion the patient, too, begrudged the expense. A nurse was called twenty-five miles out of town to care for a huge old woman who had had a paralytic stroke two weeks before. The patient was completely paralyzed on one side and unable to speak intelligibly. Although the farm was prosperous, every cent the family had saved had gone into barns and machinery. They had a well-supplied table, too, but house furnishings were very crude. The sick woman lay on a corn-husk mattress, not refilled since the previous fall; though it was July, a featherbed had been put over it to ease the pain of the bed-sores that had already developed. Her weight had broken apart the coils of the cheap

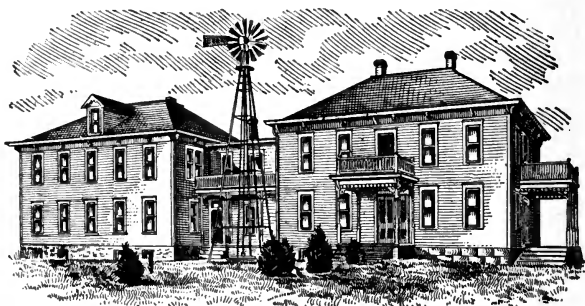
spring, which rested on slats, and the individual springs had worked their way through the straw tick and, in some places, the featherbed.

The nurse at once tried to persuade them to buy a new pair of springs and at least a cotton mattress. The mattress was eventually agreed on, but the relatives were adamant against the springs. While the nurse sat that night listening to the hoot-owls across the creek and the coyotes in nearby timber, and trying to ease the miserable fat old woman, she considered ways and means of repairing the springs. Finding a length of stout unbleached muslin, she tore it into strips and in the morning got the patient out of bed and into a chair with the aid of some of the men. Then she proceeded to tie and sew the coils together, in preparation for the promised mattress. When the nurse was at last ready to put the patient back to bed, the mended springs were pointed out to her with the thought that she would be pleased. On the contrary, she was so angry over the waste of the muslin that the nurse feared she would have another and fatal stroke. Later, however, as she began to improve, she evidently changed her mind on what was essential expenditure.

It would have taken much longer for nurses to establish their worth if physicians had not given them warm backing. When Sister Frieda Kaufman, who was to become deaconess - mother of the Men-

nonite Bethel Sisterhood at Newton, first began practice as a private nurse, she had great difficulty in finding anyone who would pay for her services, even at a dollar a day. Nursing was just housework and hired girls were glad to get little more than room and board for it.

While waiting for the calls that never came she worked in the little Mennonite hospital at Goessel. Late in the fall, when hope had become hard to sustain, the wizened old man who carried the mail from Newton, fifteen miles away, brought a letter from a family friend, an editor, asking her to be ready to care for his wife when her baby came. Sister Frieda tried to be patient while she waited for the summons. It came two days before Christmas and she prepared at once to go to town in the mule-drawn wagon of the mailman, who also provided stage, freight, and messenger service between Goessel and Newton. Although it was bitterly cold and windy, Sister Frieda was too happy to pay much attention to that as she climbed up beside the driver, in front of the cans of milk and the bundles of sausage. The trip took five hours and the baby was



BETHESDA HOSPITAL, GOESSEL, 1899

there before the nurse, but the physician was so much pleased with her after-care that he recommended her to other patients.

It was arranged that she should work under the directors of the local college, which was planning to build a deaconess home and hospital; they agreed to guarantee six dollars a month for her support, for the majority of the first patients were too poor to pay. If she earned more than that she turned it over to the church. Sister Frieda's third private case was at a Mennonite mission station in Oklahoma. A woman there had developed general blood poisoning following childbirth. Six weeks later, as she stepped off the train in Newton, she was met by a Prussian whose wife was very ill. Would *Schwester* come? For three months she not only did the nursing but also all the housework for the large family of boys. Years later one of the sons who became a prosperous businessman provided funds for a large addition to the Bethel Deaconess Hospital Sister Frieda had established.

Her reward, however, came long before that for the community gradually accepted her worth. Before long she was constantly busy and she played a large part in dispelling superstition and ignorant folk custom among the foreign-born in the region around Newton, not only nursing people to recovery but teaching families to give better care to their members during minor illnesses. When grandmothers pled against having their daughters' hair combed for five days to a week after they gave birth to children, it was part of Sister Frieda's mission to persuade them that childbed fevers and head-aches were not the result of such bedside care. When Sister Frieda arrived to find that a grandmother or neighbor had frugally placed a dirty horseblanket, instead of clean pads, on a labor-bed, to save later washings, one of her problems was to get the germ-laden cloth removed without raising the antagonism that would defeat later attempts to teach the women why they were endangering the patient.

Countless times she had to take a soured pacifier from some baby suffering with "infant complaint" or "summer sickness" and convince the mother, grandmother, and aunts that the wet rag filled with powdered toast and sugar might be the cause of the intestinal infection. Quite as often she had to labor to convince them that the heavy flannel shirt they kept on the baby, regardless of summer heat, till it passed its second year, was the cause of the rash from which it suffered and in no way a preventive of "summer bowel cold," as they called the intestinal infections.

The very hot and very cold weather that were contributing causes to many of the illnesses giving rise to need for Sister Frieda's services were also sources of some of her own difficulties. Calls always seemed to come in the worst weather, but it never occurred to either doctor or nurse to refuse to go to a sick person.

In Sister Frieda's recollection, travel at night was the hardest, worse in winter than in summer, for snow obliterated the road. The old-fashioned carriage lamps did little more than emphasize the darkness. The nurse was frequently carried to her patient by the doctor. As doctors,

like nurses, had to snatch sleep as best they could, they placed high value on horses that could be trusted to carry them ahead without much guidance. If such a horse stopped, his owner never thought of urging him forward; instead, he would climb down with a lantern to discover the trouble. The bridge might be broken or the horse might have made a mistake in the road, landing them in the middle of a plowed field. Sometimes a wrong turn was made and the travelers would find themselves completely lost. In such cases there was nothing to do but drive on until the barking of a dog or premature crowing of a rooster revealed the presence of a homestead where they could ask directions.

Ellen Stauffer remembers how she often ran out at night during training days to help Mrs. Axtell hitch up the doctor's team and bring it around to the door while he dressed, and she recalls one rainy night in particular when she went along in a two-wheeled cart to give a man chloroform while the doctor set his broken leg. Driving through blinding rain they managed to reach the patient but on their return were startled to have the horse stop among a large number of cattle. "Dowdie," said the sleepy doctor to his horse, "where are we?"

Convulsions and hemorrhages seemed invariably to come when the thermometer stood at ten below zero. After one such case the nurse had to return home on a railroad handcar, roads being completely blocked. Automobiles were a great improvement for summer travel but were often stopped by snowdrifts in the days before roads were cleared immediately after storms. If stopped by drifts doctor and nurse would go off together to find help, for the nurse was in danger of freezing if she stayed in the unheated car. Sometimes a farmer would go out and harness his own team to enable them to complete their journey. Once on a bitter winter night aid was being hurried to a pregnant woman who had gone into convulsions. Neighbors were waiting to help the doctor and nurse through the last drifts. The next day both mother and newborn baby were taken to a hospital eleven miles away with the mother kept under chloroform during the journey. Both mother and child survived—also, the physician and nurse.

Had this emergency arisen even ten years before it is probable that neither hospital nor nurse would have been available and that, if they had been, the family would have protested the journey to the hospital.

Sadie Allison, a graduate of the Cushing Hospital Training School, vividly remembers the wild February morning when she went up along the river to help a woman who had gone into convulsions in her eighth month of pregnancy. The doctor had delivered her of twins and sent for the nurse. The first train north was a freight; she rode in the caboose to the station where the new father met her with a sleigh to carry her to the house three miles in the country. The high shoes and long heavy underwear of the period were not too much clothing for that journey. A day or two later one of the babies, which had been placed in a home-made incubator, developed pneumonia. It was impossible to get word to the doctor on account of the drifting snow but a priest nearer

at hand was sent for. Meanwhile Mrs. Allison did the best she could, bathing and rubbing the infant to keep up circulation, and feeding him stimulants with a medicine dropper. He had improved before the priest arrived the next morning to christen him, also his brother, and continued to improve, as did the mother, though no other person came near the house in the two weeks the nurse remained. The only advice she had came in notes the doctor wrote for delivery by the engineer to the station agent.

This same nurse tells of how a doctor sent her off twenty miles late one Sunday afternoon to care for the head of a family who was critically ill with a kidney condition. The physician had arranged for a kindly man of seventy to drive her in a livery rig. They arrived about midnight, but though the nurse toiled ceaselessly with treatments her patient died after twenty-four hours. Although she had had no sleep since she left home, she washed and prepared the body for burial before starting back to town. Drowsing in her seat, she was awakened by a startled clucking from her companion. The horse had stopped and the bright moonlight revealed a gaping hole at the point where there should have been a bridge.

Mixed among the recollections of cold, rain, and unfriendly reception are many of friendliness and also good though not always well-directed attentions. One family served fried chicken at every meal to honor the nurse; another placed the dishes on newspapers the first half of the week in order to give her a clean cloth during the final half. Many families urged large white aprons on the nurses "to keep that pretty white dress clean." One, to prove the eggs needed for a typhoid patient were really fresh, proudly allowed the hen to lay them on the porch. A woman zealous to show that she was modern by offering to bathe her daughter's baby was found placing it in the water in which soiled diapers were soaking.

Unpleasantness and lack of co-operation were found quite as often in well-to-do homes as in those of the poor. People who could well afford to do better sometimes made no provision for a place in which the nurse could sleep; a pallet, a row of chairs, or a rocking chair was considered quite adequate. The well-to-do also sometimes showed unwillingness to put themselves out in any way even for patients who were seriously ill, whereas very poor people would on occasion strip off wallpaper to provide a safer emergency operating room.

There were also serio-comic incidents in the memoirs of early nurses. One nurse quite disturbed a farm household by offending the "hired girl" whom she found washing the dishes with the typhoid patient's wash cloth. Although the harvest crew was due home for dinner the girl "got mad and quit." Another nurse had to flag a train and flee to safety after a patient died as result of a local doctor's removal of dressings applied by a surgeon. There is also a story of a private duty nurse in a hospital who was held at bay some time by her Jewish patient when a visiting relative died of heart failure in the patient's room; the dead

woman was "good," the patient said excitedly, and must not be touched by the nurse. One nurse defends a decidedly unorthodox method by which she once broke the tension in a farm home where disaster impended—and relieved her own emotions over a case that was going badly. She took younger members of the family to the barn and slid on the hay-mow for an hour.

There are many tales of the lengths to which nurses were supposed to go to prevent noise from reaching their patients in the days before radios, snorting busses, and clanking street-cars had become so omnipresent that physicians were oblivious to possible effects on the sick. It was one of a fever nurse's duties to see that ropes with dangling bits of white were stretched across streets to prevent passage of clattering horses, creaking wheels, and hucksters nasally shouting their "Ripe, ripe, red ripe watermelons." One occasion on which the need for stopping noise was a real medical problem came at a farm where the head of the family lay ill. Some part of the wind-mill broke and the wheel could not be thrown out of gear. The helpless owner grew frantic as the grinding that would completely ruin the mill went on and on. In the absence of any other person to remedy the situation, the nurse climbed the tower, found the broken part, and tied it with her handkerchief.

Sister Mary Stella of the Wichita Sisters of St. Joseph met her match in a grandmother who each morning after the newborn baby was dressed would take it off secretly to reverse the shirt that had been turned inside out to prevent the coarse seams from irritating the infant's skin. She did not want to give offense but she could not be indifferent to the baby's appearance.

Mrs. Ola Hollopeter Madison entered an adventurous life when she became the first trained nurse in Dodge City. Before she became the assistant of Dr. C. A. Milton on August 16, 1903, she had demonstrated her worth to the town by reviving a baby that had been pronounced dead, preventing an ex-pugilist from committing suicide, and safely starting triplets on their careers. To watch the infants better at night she laid them end to end at the back of a couch and slept beside them. She was the doctor's only assistant in the operations he performed in homes, at his office, or in the little building now occupied by the South-western Bell Telephone Company. She and Dr. Milton were a team. Once when she had worked over a mother and baby who had pneumonia until she could hardly stand, he came in for half a day to act as a substitute while she slept. They were equally proud when both patients recovered. Although Mrs. Madison had been receiving twenty-five dollars a week in Chicago, this service at Dodge City drew only fifteen, and part of that in room and board at Dr. Milton's home.

Mrs. Madison was once greatly exasperated by a sternly religious father whose daughter, after stubbornly refusing much needed drugs, was dosed in spite of herself with milk of magnesia disguised in a delightful milk shake. The girl liked the flavor, said the drink made her

feel much better, but the father forbade its continuance. That would be deception.

Physicians like Dr. Milton and Dr. Axtell had a way of firing young women with their zeal for medicine. Dr. D. J. Hollopeter, Mrs. Madison's father, who first practiced in Wilson and Greenwood counties, was another such man. There he traveled on horseback, his saddle bags filled with medicines. After settling on a claim two miles south of Dodge City in 1884, he began building up a new practice that came to have a fifty-mile radius. By that time his three daughters—Ola, Maude, and Hattie—were old enough to help make up the doses of quinine, Dover's powders, and podophyllin, on which he depended heavily. They would cut the papers and, after he had measured and blended the drugs, they would fold them into neat packets.

The doctor, not a very robust man, never failed a patient, regardless of the weather, and his anxious family would warm his carriage with bricks and irons before he started off through snow and blizzards. Sometimes, as the girls grew older, one or the other would accompany him to help as he directed. This practice led all three eventually to Englewood Memorial Hospital Training School in Chicago. They were graduated together in 1902.

All through the stories of early trained nursing in Kansas, typhoid fever forms a *leit motif*. It and pneumonia were the chief diseases for which every doctor wanted a nurse; the most honest admitted that if they were ill themselves with either infection and had to choose between a doctor or a nurse they would take the nurse without hesitation. No medicine helped either.

Typhoid was still so prevalent in some areas as late as 1912 that an experience of Bertha Baumgartner in that year was typical. At six o'clock on the hot evening before the Fourth of July she received a call from an unknown physician living in a town seventy-eight miles away. Could she come to him at once for a typhoid case? As she had no car it was necessary to go by railroad on a journey that involved two tedious waits at junctions during the night. When she arrived at seven the next morning, the physician met her at the train with a little Ford and at once took her eleven miles back into the country.

On the way he explained the situation. The Coward family consisted of a father, a son Elliot twenty-two years old, a son Sam, two years younger, and their sister Molly, aged eighteen. The mother had died when Molly was an infant and the children had been in an orphans' home until six years before, when the father had re-established his home with the little daughter as housekeeper. The family had had a hard struggle, had arrived in the community only two years before, and were still renters. They had made few friends for the children were not in school and were too embarrassed by their shabby clothing to enter the life centered around the local church. When the older boy developed typhoid there had been no friends to rally to their assistance. Also, it was harvest-time and everyone was busy. One woman, a Mrs. Brown

and her daughter, who had had the disease, were giving help when they could. Otherwise, Molly had carried most of the burden, for the father and his younger son were busy by day in the fields and too tired at night to do much for the sick boy. A hemorrhage had determined the doctor that a nurse must be called.

Miss Baumgartner found the house very poorly furnished and filled with flies. As there was no basement, a cave was the only place to keep fresh the milk and other liquids needed by the invalid.

The family, however, was anxious to help. The father agreed to buy a couple of fly-swatters and mosquito netting for the windows, to give protection to the well members of the family, as well as to the patient. Sam helped the nurse improvise an ice-box from the rusty old wash-boiler, which was placed in a larger box with a packing of sand, and set on a couple of blocks above a pan to catch the melted water. The patient had another hemorrhage while these arrangements were being made.

Molly was so obviously exhausted that Miss Baumgartner shared the heavy washing on Monday, when a new wash-boiler arrived, with a little aid from the father, who was helping the neighbors thresh. Tuesday Molly and Mrs. Brown's daughter prepared the meal for the big crew that day doing shock threshing for the family. Wednesday Molly admitted she was "so tired—feeling bad." Thursday she developed a temperature of 102 and gave up. Miss Baumgartner knew she had a second typhoid patient and the doctor soon confirmed the diagnosis. Fortunately, the harvest crew had passed on to another farm.

With no female relatives to be consulted, the nurse was able to make arrangements according to her own judgment. After clearing the dining-room of much of its furnishings she and the physician brought a bed down stairs. This made it easier to care for two patients for the sick girl's brother was in the parlor, across the hall. But Elliot, who had begun to improve, still needed much attention to keep him from mourning over having brought the disease to his sister, whose condition was serious from the beginning. He was sure he had picked it up at one of the farms where he had been working.

Miss Baumgartner acted as a general in re-organizing the farm chores; the father would have to take over the cooking and milking Molly had been doing and Sam would have to relieve the nurse for two to four hours at night. Mrs. Brown came in at intervals to bake and clean. Miss Baumgartner washed the bedding and other articles used by the sick, dropping each article into a boiler when she removed it from the rooms and cleaning out each day's accumulation the following morning. The doctor did more than his share; sometimes he would give the young man the tepid sponge bath he had ordered when temperatures were above a hundred and a half degrees, on each daily visit he took some time to kill flies, and frequently he brought in water from the well. On his visits to and from the farm he served as messenger, carrying the

nurse's uniforms to and from the laundry and bringing out groceries, ice, and other supplies.

But in spite of all attention and care Molly was too worn out to fight the disease and grew steadily worse; on the eighth day she began to hemorrhage. Neighbors at last aware of the acute situation gave some help in the house and on the twelfth night, when Miss Baumgartner was approaching exhaustion, Mrs. Brown offered to relieve her at intervals during the night. Molly died before dawn.

Miss Baumgartner had to break the news to the devoted sick boy and to arrange a funeral that would avoid increasing his despair. The service at the house was short and hymns were dispensed with.

By this time the nurse knew the family could not possibly afford to keep her longer and Elliot was weakly convalescent; but they were so clearly dependent on her she could not bring herself to leave until the boy could care for himself. It was five weeks in all before she saw her own room again and took the relaxation that seemed to the early private duty nurse the pleasantest indulgence in the world.

The change from this old time, back-breaking kind of private duty to modern "specialling" came gradually. A better supply of nurses, a better understanding of the need for conserving a nurse's health, improved standards on wages and hours for all workers, the difficulty of continuing to get good nurses if conditions of employment remained medieval—all of these contributed to the change. Instead of the 24-hour duty still common in 1918, 12 or 8 hour periods of duty are now usual, and the weekly wage, which had reached \$25 by 1912, is now \$42. The situation is still not as satisfactory as it should be and the eight-hour day with arrangements for some time off during the week is the goal. On the other hand, the number of people who can afford to pay \$126 a week for a triple shift of nursing is limited and those who can and will pay it promptly are even fewer.

The splitting up of the nursing between two or three nurses also has certain unsatisfactory features; few nurses now develop the deep, passionate feeling of personal responsibility for the patient that was such a powerful factor in early trained service. The older nurses blame this situation on the shorter hours and say that modern special nursing has tended to become mechanical. This is only partly true; the truth is that with the wide development of hospitals, telephones, and good roads private duty nursing has become less adventurous and most of the energetic young graduates turn to nursing fields that still offer the satisfactions of pioneering.

## CHAPTER VIII

### *Public Health Nursing Begins*

PUBLIC health work came of age in Kansas, as in the rest of the United States, only after the war Armistice in 1918. Then the united community efforts planned by the public health officers before the Civil War began to appear and preventive medicine became quite as important as healing, if not more so.

The foundations had been laid long before and by 1913 there were several national organizations attempting to arouse public opinion to the need of preventing disease and improving the public health but the great mass of the population was not yet interested and a large part was definitely hostile to the measures proposed. The average citizen was quite apt to regard the public health pioneers as cranks and he cherished a tradition of a general American sturdiness that completely ignored the high mortality among people too weak to survive the struggle. The American, he believed, was fit for any emergency.

Also, said the average man, the American knew how to handle his own private affairs. His health and that of his family was his own business. Nobody had any right to tell him he had to have his children vaccinated, that he had to build a sanitary privy, summon medical care for his children if he didn't think they needed it, or provide separate beds and other facilities for members of the family suffering from tuberculosis. Some curbs had been placed on this rugged individualism at points that patently menaced the community, as when smallpox epidemics developed, but there was still fairly solid opposition to laws making vaccination compulsory and to other measures for prevention of epidemics.

The shock that helped galvanize the public health movement came with widely publicized reports on the results of the first large-scale impersonal survey of the physical condition of that section of the population considered the cream of the country's man-power. Examination of the men drafted in 1917 for war service revealed an appalling amount of heart trouble, syphilis, gonorrhea, acute skin infections, diseased eyes, ears, and kidneys, epilepsy, and other physical and mental conditions, including results of malnutrition. The rejected men shared the shock. Many of them had never before had a physical examination, their relations with medical men being confined to applications for treatment when specific troubles became too much of an irritant or handicap to be borne. The medical profession itself paid little attention to preventing illness. A physician's livelihood came from curing disease, not warding

it off; people paid to get well, not to stay well, and even when some physician did attempt to advise them on the subject they usually ignored the advice. Except in health departments and progressive medical groups, the attitude on health was completely negative. Moreover, the public was highly suspicious of people who took preservation of their health seriously and when they banded together to support health diets and similar measures they became popular subjects of ridicule.

The suspicion of vegetarians and other health cultists was to some extent understandable. During the 1830's and 1840's, especially after the beginning of the great business depression of 1837, there was widespread soul-searching in the United States over the causes of economic, cultural, and spiritual poverty. Each day produced a new Messiah who had discovered a remedy for these ills and found at least a few people ready to follow his ideas. People drifted from cult to cult adopting whatever appealed to them in the new philosophies. Thousands united to form colonies dedicated to putting the ideas into effect, for the basic idea of the majority was that regeneration could be achieved through common ownership and operation of agricultural land. The theory, however, that brought the most notoriety to the movement, though adopted by few, was the abolition of marriage, which it was contended, was an institution based solely on the preservation of property rights. It happened that a small number of the most enthusiastic advocates of this revolutionary idea, as well as leaders of the communal ownership experiments, also adopted vegetarianism as part of their creed. A majority carried it to absurd lengths, basing their objections to meat on the brotherhood of man and beast and shunning even milk and eggs because they were obtained by exploiting animals. Amos Bronson Alcott, member of the influential Boston intellectual group and a founder of the Brook Farm colony, lectured widely on this theory.

Sylvester Graham, whom Emerson called the "poet of bran bread and pumpkins," wrote a book on vegetarianism in 1839 that became the Bible of the movement; it was merely a fairly sound exhortation, radical for its day, condemning flour from which vital elements had been removed by processing and advocating fresh foods and pure water, cheerfulness at meals, open windows, and abstention from alcoholic drinks.

One of the disciples of the Alcott-Graham theories, Henry S. Clubb, in 1855 formed the Vegetarian Kansas Emigration Company to found a settlement in which fellow-believers would not be led back to flesh-eating by surrounding temptations and bad examples.

There is still argument on the purity of Clubb's intentions, but none on his lack of administrative ability. All people who bought at least \$10 worth of stock in the company before the end of January 1856 were to be known as founders; company funds were to be used to buy land, agricultural instruments and material for cottages and mills. Houses were to be eight-sided, according to a fad of the day, and the colony would be a co-operative. The New York *Tribune* early reported fifty families had joined and \$75,000 had been collected. This sum, however,

was probably an exaggeration for a third of the would-be colonists were poor farmers and the remainder mechanics and professional men, including a few practitioners of medicine. When non-vegetarians began to apply for membership, in hope of getting help for a start on the frontier, the clause pledging abstention from animal food was dropped. By this time the principle seemed less important to the founders than accumulation of capital adequate for establishing a colony of a type that daily became more grandiose in their minds. Everyone in it would be of "sound moral principles," laws would be "good and righteous," and among the facilities would be a "hydropathic establishment, an agricultural college, a scientific institute, a museum of curiosities and mechanic arts," as well as the usual common school. The hydropathic establishment was especially dear to the founders, for the "water-cure" was a current fad.

The immigrants arrived at the town site, selected by a member, Dr. John McLauren, at a point in Allen County near what later became Humboldt. But supplies had not arrived, the climate and living conditions were far from the ideal painted in the prospectus, and malaria-bearing mosquitoes and drought added to their misery. By fall everyone who could manage to leave did so, with bitter recriminations. All were gone before spring.

The failure of the experiment, which had had wide publicity, was not good publicity for the budding health movement.

Another Kansas movement of the same period that had little more success was started by a water-cure society founded in Lawrence in 1855. Its members pledged themselves to refrain from use of all drugs, including the widely advertised proprietary cure-alls, and announced in the preamble to the society's constitution that "hydropathy, including the hygienic agencies of water, air, light, food, temperature, exercise, sleep, clothing, and the passions in their various modifications, comprises a whole and ample *Materia Medica*, capable of producing all the really remedial effects possible in all diseases."

Perhaps settlement in Kansas was still too much of a struggle to allow leisure for cultivation of such ideas, let alone concerted improvement in public health. Then and for many years thereafter sanitary conditions in most of the United States were so bad that people now prefer to forget them. As late as 1909 flies were everywhere still such an annoyance that Baedeker made special mention of them in his condensed guide to the United States. In the towns they bred in livery-stables, the manure-piles, and the chicken yards of householders; those who owned pigs, as many townspeople did for a long time, contributed an extra quota to the buzzing cloud that hung over almost every public and private dining-table. Even in the larger communities livestock roamed at will, at least within the owner's yard. Street-cleaning was provided only in the large towns, and then rarely with efficiency, though the need for it in horse-and-buggy days and before garbage collection was general was far greater than now. Under the circumstances it is surprising that typhoid

fever epidemics were not far more acute than they were. Perhaps many babies acquired some immunity by light unrecognized attacks in infancy, for certainly everyone was exposed to the disease. The typhoid-bearing flies rested on the lips of sleeping infants, drowned in the milk they were later given to drink, feasted on the "sugar-tits" provided to keep them from screaming. Mosquito netting was a luxury and in little demand.

Privies were non-existent on most farms for a long time and in the towns they offered little privacy and less sanitary protection. Drainage on the prairies was usually a problem and hardly anyone thought to inquire what seeped down into the family well-water.

These conditions were worsened in Kansas after the Civil War by the influx of Negroes. Between 1878 and 1882, when reaction to the Reconstruction Era was at its worst in the South, 20,000 of these forlorn refugees wandered in without means of establishing themselves on farms or in businesses. Naturally gregarious, they huddled near the cities, especially Kansas City, where they hoped to find work, living in caves they dug in river and creek banks and huts built from material salvaged on the dumps. These Hoovervilles of an earlier day were breeding places for every kind of disease. Kind-hearted people did what they could to help but individuals were powerless to effect change in the mass misery.

Progress was slow long after the first State Board of Health was established in 1885 for it had merely advisory powers and the local boards of health, authorized at the same time, were equally handicapped. After 1889, when the act was amended to permit the boards to enforce quarantine, steady though very gradual progress began. Attempts to force registration of births and deaths were made in that period, but Kansas was not admitted to the death-registration area by the U. S. Bureau of the census until 1914, thirty-four years after the first states were accepted, and to the birth-registration area until 1917.

A major difficulty was that physicians as well as the public needed education. A conscientious Kansas physician of the period reported a young man ill of acute dysentery. He was one of a family of fifteen and the physician feared spread of the disease. Called to a distant point, he turned his patient over to another medical man. The day he returned both his patient and a younger child died of the disease; the following day a third boy in the house became ill. The physician tried to discover the source of the infection, which he believed to be local. The farmhouse, of stone without cellar or foundation, had a floor with wide cracks through which dirt and wash-water had dropped for years. At the bottom of a small draw, it was surrounded by remnants of slops, refuse, and cattle droppings, which were being washed by melting snows toward the well, at a slightly lower level. When the physician made his diagnosis of "camp dysentery" and told the family the deaths had been caused by filth, they placed their belongings on a wagon with the sick boy and fled. Before they had gone far, however, all but two of the survivors sickened. Only vigorous dosings with opium, quinine, and bismuth saved

them. After departure of the tenants the owner, on advice of the doctor, took up the floor to renovate the dwelling and found a mess under the boards so foul he feared to use them in a stable he was building.

While such conditions roused local scandal for a time, in the absence of acute epidemics there was general apathy to sanitary measures. Even when typhoid became general in the late summer each year there would be only spasms of activity. As for other so-called fevers, and for malaria and the milder dysenteries, they were accepted with resignation as seasonal afflictions. Since even some of the doctors of western Kansas long had little belief even in the efficacy of smallpox vaccination, the public distrust was inevitable.

Far worse, however, than any epidemic disease was tuberculosis—"consumption," because the victim seemed slowly to burn up. It exceeded even the recorded diarrheas and dysenteries in number of cases and was one and a half times as prevalent, in openly recognized form, as was typhoid. The protracted course of the disease was one of the reasons why it was so hard to rouse public opinion to fight it. People regarded it with fatalism. One got it or he didn't. When several people in the same family died, one after the other, the fatalities were blamed on inherited family "weakness," not infection passed from one victim to the other.

Yet even when there seemed striking evidence of disease transmission, it made only passing impression, surviving as an old wives' tale to be revived with a shaking of heads whenever the disease in question again showed virulence. A case widely publicized in 1879 concerned a boy who developed scarlet fever and diphtheria after playing with a child's scarf found in the walls of the cabin his parents had recently taken over. People remembered that two years before the son of another family had died in the house of this combination of diseases. In telling the story the neighbors, unaware that "germs" did not pass through the skin, had the second victim winding the scarf about his neck, but at least they recognized the possibility that the infection had lain dormant for two years in an inanimate object.

In contrast with the public were the energetic little reform and welfare groups who were taking the problems seriously and trying to educate the public. Younger and better trained physicians and the new trained nurses were contributing their mites and helping to dispel prejudice and ignorance. Newspaper editors, reading the metropolitan newspapers, sometimes picked up reports of sanitary campaigns in other places and, on occasion, called attention to especially dangerous and disgraceful conditions.

While the first State Board of Health had no power to enforce its rules and regulations, it did draw up a code to prevent disease by building sanitary privies, removing the bodies of dead animals from public places, banning hog-lots in the towns, regulating slaughter-houses, and quarantining some contagious diseases, with subsequent disinfection of the premises. And when the first meeting of the State Sanitary Association was

held in Wichita on December 8, 1886, it pointed out that the most important factors in public health were "pure" air, pure water, and "wholesome" food, a statement that must have cheered surviving members of the Lawrence water-cure society of 1855.

The boards of health had to move cautiously. They gradually achieved inspection of ice-plants, made some progress in popularizing vaccination, and considered the teaching of hygiene in the schools. At their first annual meeting the common-sense of some of the members was exhibited in the recommendation that "Discreet persons should be employed as examiners (i. e., inspectors) by boards of health, who without exciting alarm and arousing the prejudices of the poor, who are most in need of sunshine and free ventilation, may detect unsanitary conditions and apply remedies in a scientific manner."

By 1905 there were genuine signs of progress. Many more Kansans were aware that poor sanitation and disease among their neighbors menaced their own safety, that disease or its absence was not merely a matter of luck or good housekeeping.

A flood in the Kaw Valley was responsible for much progress in Topeka, which always had a lively interest in public welfare. The northern part of town was a region whose inhabitants were mostly badly paid industrial workers. On May 30, 1903, heavy rains began to swell the river and within a few days it was seventeen feet above flood stage and twenty-three thousand people had been driven from their homes. First efforts to aid the refugees were feeble and unorganized. The county poor commissioner gave out some baskets of groceries and the Topeka members of the board of Ingleside, which cared for old women, collected old clothing and distributed it to the refugees, for few had left their homes until forced out by water and then there had been no time to take much with them. Since the flood continued for ten days, greater effort became imperative. The city auditorium was opened as a relief station and some families were allowed to sleep there. When the tragedy mounted volunteers came forward to work night and day relieving the suffering. There was, however, no time to investigate the first applicants for relief and before long it became apparent that people from all parts of town were taking advantage of the distributions of free food and clothing.

Out of this situation came the Associated Charities, with an energetic executive secretary, Dr. C. B. Van Horn. In the following year, on December 5, the organization was rechartered as the Topeka Provident Association, evidence that its field of work was to be extended. The flood had lifted the cover from a situation on Topeka's doorstep and it was no longer possible to ignore it. Salvage work begun as the waters receded showed sanitary facilities were so bad that more repair would be a farce and sick children from the flooded districts shocked physicians in the well-to-do areas by their malnutrition.

While the association was planned as a relief agency, the presence of Dr. Van Horn assured further development of its program to reach

the roots of much poverty. In 1905 a nurse volunteered to visit homes where she was needed and the next year the U and I Club gave \$100 to this work, which Christ's Hospital helped extend by assigning three senior students to its service.

Five years later the Metropolitan Life Insurance Company made a contract with the Topeka Provident Association to have its visiting nurse care for industrial policy holders. The cost of the average visit was carefully worked out and the company agreed to pay for the visits on that basis, the association presenting its bill annually. The basic rate agreed on was seventy-five cents, with an additional twenty-five cents for maternity work in which a new-born infant, as well as the mother, received care. This arrangement enabled the association to hire its first full-time graduate nurse, on April 12, 1910.

The Metropolitan had begun this type of service in New York City, in 1909, having been persuaded that it was protecting its own interests by reducing the mortality among industrial policy holders—its poorest clients. Under guidance of Lillian Wald, founder of the Henry Street Visiting Nurse Society of New York City, which was setting standards for the country and held the first Metropolitan contract, only registered graduates were employed in the service and nurses could not make more than one visit unless a physician was in attendance. The second Kansas contract with the Metropolitan was made two years later, with Cushing Hospital at Leavenworth, where no visiting nurses were yet employed, but this did not prove satisfactory and the work was discontinued until the Leavenworth Visiting Nurse Association was formed in 1916. Even this did not provide satisfactory service and was cancelled at the end of the year. It was remade in 1921 with the local chapter of the American Red Cross, which sponsored a visiting nurse service. This contract also failed of renewal in 1923, but was continued the following year.

Chief reason for the difficulty in maintaining the contract was the lack of trained visiting nurses. During the years the role of the private duty nurse had gradually changed, and graduates were less prepared to work without elaborate hospital equipment. The early private duty nurse was rarely summoned except in case of dire need and so few were available that physicians summoned them away to save a second patient as soon as the first could safely be left. The early nurse, sharing the housework when necessary, had no hesitation about dragooning help from all members of the family. But as graduates increased in numbers it became possible for them to stay as long as the patient or his family desired their services. In this same period the nurses were making a determined drive to restrict the duties to the fields where their skills were needed, leaving the housekeeping chores of hospitals to persons who could not give medical treatments and other professional care. This movement created a class-consciousness in some nurses that was quite understandable in private homes where maids and other servants were employed. Unfortunately, it was sometimes carried into poorer households where

illness had created serious difficulties and the nurse who refused to care for her patient's room, or even, in an emergency, to wash out his night-shirt, began to appear with unpleasant frequency. Class consciousness was further increased by the number of well-to-do patients who retained the nurse's services long after there was any real need for them. As such patients required little if any care that could not be given by members of the family, or in a hospital by the floor nurses, they created a secret feeling in the nurses that they were little better than ladies' maids. As a result they began to surround their services with an air of mystery and neglected the teaching that would enable other members of families to take over their simpler functions. Education had been highly important in the work of the pioneer nurse.

In the beginning visiting nursing differed from that of the pioneer only in being divided among a number of patients; more than one call was made each day if the patient needed care the family could not give. Inevitably, the visiting nurse began to do even more teaching than the pioneer private duty nurse, to provide intelligent care in the intervals between her visits. In order to care for as many patients as possible the early visiting nurse associations of the country carefully studied methods of increasing efficiency, cutting out waste motion and unnecessary services and training the family, and neighbors to prepare for visits and treatments. Before long it became so evident that mere training in hospitals did not prepare graduates for this work that special theoretical and practical training was arranged to supplement the training provided in hospitals. In 1910 Columbia University opened a Department of Nursing and Health at Teacher's College in New York, to prepare teachers of nursing and also train public health nurses.

Now, most good schools of nursing give at least the rudiments of visiting nurse work as part of the standard course, though few yet provide the rigorous drill in efficient techniques of home-nursing. While emphasizing a mechanical perfection in the carrying out of certain routine work, the visiting nurse training courses put a premium on inventiveness in meeting emergencies and devising substitutes for standard sick-room equipment, and insist on cultivation of the old warm personal relationship that won regard for the pioneer. But the primary function of the visiting public health nurse is to train people to get well and remain well. This development of the role of the visiting nurse came gradually but through the nurses themselves. In the early days of the work some of the best members of the profession were attracted to the service, because it demanded resourcefulness, offered adventures, and provided daily opportunities for giving the kind of highly skilled services a good nurse likes to perform constantly.

Kansas was unusually fortunate in having Dr. S. J. Crumbine on the State Board of Health in 1904. Much ahead of his time in his devotion to preventive medicine, he so quickly proved his worth that within two years he became secretary of the board. Dr. Crumbine had excellent publicity sense and believed in direct action. The public had to do the

job of making the State a safe place to live in. In 1909 and 1910, with typhoid sweeping Kansas, while declining in other parts of the country, he had an epidemic of the kind that usually frightens people into action. While polluted drinking water was a major carrier, the one they could most readily comprehend was the fly. Dr. Crumbine soon had the whole State swatting the enemy. The public drinking cup was also a deadly menace he told them, and before long many people had developed a new fastidiousness on dippers at drinking fountains and wells.

Dr. Crumbine also started a crusade against tuberculosis. The fly campaign was useful in that also. More imaginative persons began to shiver when they saw a fly and to consider where his feet might have been. A nation-wide campaign against the disease had begun in 1904, when the National Tuberculosis Association was formed and shortly afterward people were being reminded of it by the use of the Christmas seals. Nurses of the Topeka Provident Association found many tubercular patients and knew that their limited daily efforts could make no real contribution toward stopping the plague. Their concern helped to stimulate organization of the State Anti-Tuberculosis Association in 1908. Until 1915 the organization had only volunteer workers; they were faithful, however, and while their efforts were limited they paved the way for control of the disease. From the beginning Dr. C. H. Lerrigo provided leadership, in 1919 he became part-time executive director and in 1922 full time secretary of the association. Earlier, in 1913, the association had hired Miss Laura Neiswanger as its field representative and she thus became the first graduate nurse in the state whose primary function was disease prevention, rather than care of the sick.

Some members of the Topeka Anti-Tuberculosis Association were also members of the infant Kansas Branch of the American Red Cross, formed in the same year, though not chartered until 1910 through lack of the requisite hundred members. That the two branches of these national associations were organized at the same time was not an accident. For several years the American Red Cross had come to the conclusion that it had to find some form of work to keep its membership from dwindling almost out of sight between the infrequent wars of the United States; without an active, widespread peacetime membership it was seriously handicapped in meeting civilian disasters and could not quickly prepare for military service. It was Lillian Wald, a nurse with genius for organization and ability to gain the ear of influential people, who provided a solution. There was a constant war at hand in which the Red Cross could serve. She proposed that the organization use its forces to provide visiting nurse service in rural areas to fight disease. A small fund turned over to a branch of the Red Cross at this time was allotted to the battle against tuberculosis, which had recently been the subject of discussion at the congress of the International Red Cross.

The National Red Cross moved slowly in making up its mind to adopt the idea of stimulating rural nursing but it was already committed in theory when it began the campaign to build membership that resulted

in the technical organization of the Kansas Branch in 1908. Thus the charter members of Kansas were aware that the parent body was doing something toward the campaign against tuberculosis and when helping their own tuberculosis association adopted such devices as the sale of Christmas seals, which the Red Cross had started in this country. Its members participated in the Tag Day that brought \$1,800 to the Topeka association for a tuberculosis camp on ground leased west of Garfield park on North Kansas Avenue.



THE FIRST TUBERCULOSIS CAMP, TOPEKA

The precarious early days of the camp are still vivid in the mind of Maude Bolt, who became camp manager because of her long-time passion for wiping out a disease that had carried off her sister. There were only ten or twelve tents for patients at first, though the average number of people cared for at a time during the three years of the camp's existence was fourteen. Floors and low side walls were of rough board and in each tent was a little stove.

Although sanitary conditions were rigorously supervised, near-by citizens had become so bacteria-conscious by 1913 that they considered the camp a dangerous pest-house and filed a protest with the City Commission, demanding that it be moved away within thirty days. East-siders, west-siders, and south-siders had been complacently approving as long as the camp was on the north-side, but when an attempt was made to find a new site no one would rent land to the association. Ada Hawkins Harness, the Negress who presided over the stove in the big cook-tent says, "Everybody was scared of that camp," and conscientiously adds, "So was I."

Faced with an injunction suit, the association dismantled the camp and sent some patients to hospitals, one man to the county farm, and the rest, whose health had improved, to their homes. Incomplete records were kept on how the campers fared later but the months of fresh air, rest, and simple and adequate diet must have cured some.

While Topeka was beginning its struggle to prevent illness and disease, the Wichita City Federation of Clubs was also organizing public

opinion to the same end. A member, Mrs. R. P. Murdock, of the *Wichita Eagle* Murdock clan, had attended a health meeting elsewhere in the state and came home fired by enthusiasm for a visiting nurse service. It wasn't enough to have hospitals and doctors; someone should be visiting sick people in their homes and helping them. She told of various cases in which such help had been needed. Her auditors were sympathetic and told of others, Mrs. J. C. Brown expressing acute concern for a current situation. A pathetic, stout little woman nearing the end of pregnancy was daily on the streets, driving from door to door to sell blueing. Mrs. Brown was sure she was injuring herself by so much climbing up and down the side of her high-wheeled truck and she was very much afraid she might fall, seriously injuring herself and the unborn child. It was agreed that a visiting nurse should be employed.

Isabelle Woodburn of the Wichita Hospital, when asked to recommend a suitable person for the work, suggested Amy Smith, one of her graduates. Before the appointment was made, however, the object of Mrs. Brown's worries had had her baby in her two-room house.

Very soon Miss Smith was busy with other patients. One was a boy whose back was hunched from spinal tuberculosis, then in an acute stage. He eventually recovered, married, and was able to support his family. There were always women in need of pre-natal care, and babies to be brought through the first dangerous year or two of life. As Miss Smith's work was entirely among the poor, she more than once found no clothes at hand for the new-born. The Eunice Sterling chapter of the D. A. R. prepared some layettes, which were deposited with M. W. Wood, agent of the Sedgwick County Home, and the supply was renewed as needed. It was customary to send applicants for this and other aid to Mr. Wood for investigation. He would report to Miss Smith if he thought medical care was needed and she would call a physician who contributed his services.

Members of the Federated Clubs were anxious to promote the work but they had no experience and also had to face some hostility from people who believed that the nurse was merely a new device for drumming up trade for the physicians. Anyway, they said, the town with only 30,000 people could not support an extensive public health program. The nurse they had was poorly paid and, as in Topeka, unprovided with regular transportation. Sometimes she walked, at others someone loaned a buggy. Later there were occasional loans of a Model-T that might or might not work until after long probings with a hair-pin.

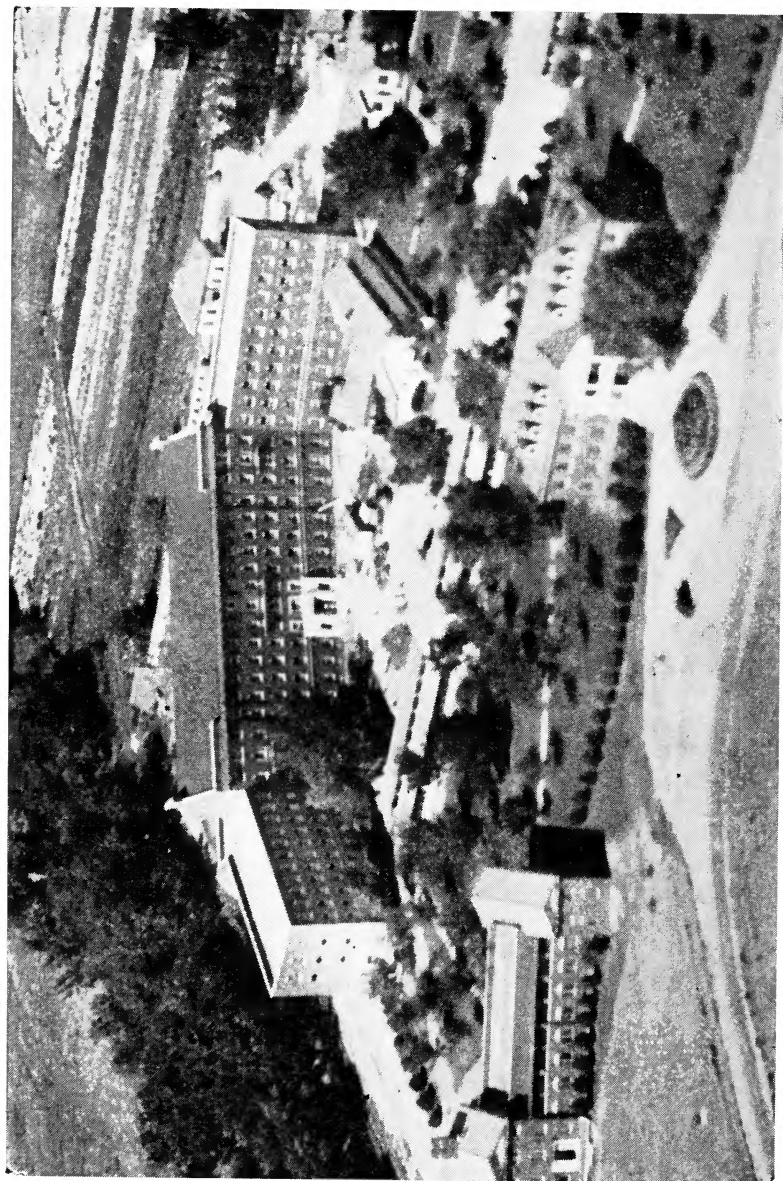
Both visiting nurses and doctors became experts in driving the useful Model-T, which greatly extended their sphere of usefulness. They learned to start the engine by parking on a gentle grade when the battery was nearly dead; they sharpened and adjusted "the points" and tightened and retwisted wiring when the engine would not "turn over" with a live battery; they lifted floor-boards and engine hoods to poke about in a way no modern driver would think of doing—and they got results by

completely unorthodox methods. Before the Ford was in common use in Kansas, one nurse fresh from Chicago who arrived to relieve the visiting nurse in Topeka found horses more of a mystery than the motor car. She had been provided with a spirited animal but did not like to admit she had never driven a buggy. Topekans still chuckle over the way she drove twice around the block in which her first patient lived before she discovered that a slack rein and gentle "whoa" were enough to stop him.

Transportation was, however, only one of the problems in Wichita. Miss Smith had so well established confidence in the community that in time some people who could pay called the visiting nurse in for hourly service, but their fees did not add enough to the sum provided by contributions to cover her tiny salary. For a time the situation improved after the Metropolitan Life in 1913 contracted for care of policy-holders. Even under that arrangement, however, it was not possible to raise the \$50 to \$60 a month for salary and to provide some means of transportation to carry a nurse to far corners of town. After Miss Smith was forced reluctantly to give up the work she had a series of successors, each of whom left for the same reason—they could not afford to serve without the full amount of the meager salary. The work did not begin to have regular support until 1918 when the Wichita Visiting Nurse Association was organized.

Public health nursing fared better in Topeka, in part because of the activities of people vitally interested in stamping out tuberculosis. Among these was Mrs. Charles Brooks Thomas, whose husband had died of the disease, and William L. Porter, the commissioner of parks who in 1914 also became head of a new city department of public health. The Provident Association was instrumental in formation of the local public health nursing association and helped gather contributions and extract funds from the county for its support. In its second year the association opened a baby clinic in the Warren Crosby store, under sponsorship of the U and I Club. In 1915 Edith Lacey of New York became director of the Topeka Public Health Nursing Association and supervisor of nurses being trained in public health work under arrangements made by the State Board of Public Health.

In his quarterly report of December 17, 1915, Dr. Crumbine wrote: "The School for Public Health Education started with its opening lectures on October 11, and has an enrollment at the present of 45, the majority of whom are graduate nurses. . . . The social and clinical field work for those graduate nurses who desire to fit themselves as public health nurses is given in a splendid way by the Topeka Public Health Nursing Association. . . . We shall no longer be obliged to send to eastern cities or states for public health or visiting nurses, but with our own Kansas girls who understand Kansas people and can talk the Kansas language, much better results can be expected." Twenty-five years later Dr. Crumbine admitted that this was "pretty strong and optimistic language," when he reviewed this report. "I fear . . . Kansas people and their language are not much unlike the people and language of other



STATE TUBERCULOSIS SANATORIUM, NORTON, 1941

states in the mid-west. I prefer . . . to think of it as a figure of speech and a symbol of the Kansas spirit," he wrote.

Shortly after Miss Lacey's arrival Miss Bolt tried to revive the tuberculosis work. In 1912, when the state had a smallpox epidemic, Topeka had built a Detention Hospital, which the citizens called the Pesthouse. After the epidemic subsided the building was abandoned. Miss Bolt decided it could be transformed into a small tuberculosis hospital and organized a Pesthouse Banquet for March 15, 1916. The talks she and Dr. Crumbine made were so moving that within two weeks funds from the city and county were assured. The Visiting Nurse Association and the Anti-Tuberculosis Association were to operate it. Miss Bolt, who was not a nurse, though widely read and experienced on tuberculosis and its prevention, became a home visitor for the institution, which was named Hillcrest Sanatorium. The institution was enlarged and remodeled in 1921 and has always had wide public support.

Even before Hillcrest was opened the legislature, in 1913, had provided for a State sanatorium. Citizens of Norton donated 160 acres of land west of the town as a site for the building that at first housed only fifteen patients. The plant grew steadily and now can care for about five hundred. The first superintendent of the State sanatorium, who served until 1930, was Dr. C. S. Kenney; the cure of tuberculosis became his life work. The first superintendent of nurses was Harriet de Jongh, born in Turkey of a French or Dutch father.

These are but examples of the tuberculosis work done in the State, which has been supported by bequests and gifts as well as subscriptions. The largest bequest, \$25,000 in 1928, came from Mrs. Henrietta Brown of Anthony and made it possible for the State Board of Health to establish research work. The State, however, did not even establish a small tuberculosis division in the State Board of Health until 1933. The work is now well organized.

While Topeka employed the first visiting nurse and took the lead in the fight on tuberculosis, Kansas City had organized an association to promote visiting nursing in December 1913, before the Topeka work began. Through "charity balls," sales of Christmas seals, benefit motion picture shows, and gifts, the Kansas City group collected \$250. After a time one nurse was employed and she worked alone for three years. But the Kansas City Visiting Nurse Association was not chartered until April 4, 1917, and its work did not have solid support until the following June, when a contract was signed with the Metropolitan Life Insurance Company. The John Hancock Life Insurance Company also entered contracts for service later and the city organization now co-operates with the county in providing visiting nurses. The work suffered a setback when the supervisor and her assistant resigned to join military services during the war but revived under the influenza epidemic and in 1919 the staff was reorganized to meet standards of the National Organization for Public Health Nursing. In 1928 the services were put on a paying basis, those who could afford it being asked to pay

one dollar an hour. By 1930 the twelve nurses were using motor cars to reach scattered patients and two years later reported the association had cared for more than six thousand patients during the year, involving in all 46,662 visits. In 1940 the association, with two clerks and thirteen nurses, made nearly fifty-four thousand visits on a budget of approximately thirty thousand dollars.

The Old Service League of Lawrence began organization of visiting nurse work in Lawrence in 1912 and two years later the Hutchinson Women's Club worked out an arrangement with the Solvay Company to share costs of employing a nurse who would care for the company's workers and also the poor of the town. In 1916 the D. A. R., the Fortnightly, and other clubs of Arkansas City united to engage a visiting nurse. At the same time the Ladies' Auxiliary of Bethel Hospital were making arrangements for similar service in Newton. Four years later the same society was to play a part in inducing the board of education to provide the town with a full-time school nurse.



KANSAS CITY PUBLIC HEALTH NURSES  
*Including Red Cross Nurses, Sister Servants of Mary, Visiting  
Nurses and Negro School Nurses, 1940*

In 1915 Salina started its first visiting nurse service with aid of a Metropolitan contract, and Independence endeavored to start similar work but failed to maintain it.

All the early attempts to provide services of a visiting nurse were the result of leadership from one or two people inspired by work going on elsewhere. In 1911, as result of a large gift obtained through Miss Wald's influence, the National Red Cross had at last established its Rural Nursing Service, which in 1913 became the Town and Country Nursing Service. By this time the system of State branches of the Red Cross had been abandoned in favor of local units, called chapters, which reported to a regional office. The chapters were urged to establish visiting nurse service in co-operation with the county commissioners and town governments. The difficulty of the starting of such work is forgotten today, not the least of the problems being lack of nurses prepared for such work. The number of women calling themselves graduate

nurses had risen sharply since 1900, when the Bureau of the Census had found 11,804 in the country, but standards of nursing education were so low in many places that at least half the nurses had inadequate preparation for anything but hospital service, where they were under constant supervision.

The National Red Cross itself did not immediately do much to establish standards for the persons to be employed by the local chapters and some of the early failures were the result of enthusiasm without adequate leadership. After 1912 when the first national superintendent of the service was appointed, leadership steadily improved. One cause of slow progress was failure to appreciate the basic principles of the founder of efficient visiting nurse service; it was Miss Wald's contention that the service should not be in charge of a religious or charity organization and that the stigma of charity be kept away from it. The affiliations with the Metropolitan Life were highly valuable, not only because of the monetary support, but also because they lessened the idea that the presence of a visiting nurse indicated dire poverty. Very early in organizing the Henry Street Visiting Nurse Service Miss Wald had put the visits on a pay basis—even though the family served could contribute only ten cents. This saved family pride and human dignity. Many of the Kansas founders of visiting nurse services were so concerned with the need that they did not recognize these principles and the possibility they offered to make the service to some extent self-supporting.

These years were highly significant in the history of public health; in 1912 the U. S. Public Health Service and the U. S. Children's Bureau were established and in 1913 various professional men and women eager to improve medical, hospital, and nursing services formed national organizations, among them the National Organization for Public Health Nursing, with Lillian Wald as its first president.

Kansas was a pioneer in statewide work for children. Soon after the national Children's Bureau was established, Dr. Crumbine began to work for a similar agency in Kansas. He succeeded in 1915, when the Division of Child Hygiene was opened in the State Board of Health, six years before the Shepherd-Towner Act provided funds to stimulate establishment of such departments in every state for the protection of mothers as well as children. The name of the department is significant evidence of Dr. Crumbine's belief, expressed in his report of 1915, that "the public health nurse is the cornerstone of all public health work."

The early public health nurses had quite as much opposition to face as had the trained nurses when first displacing the aunts and grandmothers in care of the sick. By the time public health nursing began the trained nurse was more or less recognized as an expert in the care of critically ill persons; but the young woman who, as was frequently pointed out, "had never had children of her own," was not accepted as an authority on the care of children who were well or merely "sickly." The mother or grandmother who had had several children considered herself an expert, regardless of the number of offspring who had died or



*Upper*—TOPEKA CHILDREN'S CLINIC  
*Lower*—VISITING NURSE IN HOME

survived in poor health. She guessed she knew how many baths a baby needed and how to give them and she didn't need anybody coming in telling her what to feed the kids.

The nurses worked slowly and patiently to overcome such opposition. Sometimes, when all persuasive efforts failed, results were achieved through a Baby Health Show. The woman whose child was passed over by the judges in favor of an infant whose mother had been under tutelage of the nurse frequently had a change of heart and entered the race for first place in the next show.

Even more difficult was the task of forcing parents and guardians to provide or permit medical care for conditions seriously threatening the child's future. There was still enough popular support for the man who refused expert opinion on whether or not his child should have an operation to make legal action difficult long after the Department of Child Hygiene had been established. A school nurse found a badly crippled boy who had to crawl into the schoolroom on his hands and knees; his attendance was necessarily so irregular that he was in a class with much younger children and they made his situation more painful by watching his clumsy efforts. The nurse took the boy home and found that he was in the care of grandparents who were quite opposed to having him taken to a surgeon with view of possible operation. Although protesting they would not consider it because they did not want to "hurt him," they were using his infirmity to gain an income through playing a violin from a wagon in the streets. The nursing association arranged for resort to the courts, which ordered the operation with a stinging rebuke. The twisted body was straightened and the boy was enabled to go on without physical handicap.

The first rural public health nurses had many experiences that the pioneer private duty nurses fully appreciated. Vicious dogs were always a source of terror, especially at houses where nurses' visits were unwelcome. Some nurses made a practice of leaving the car door open when approaching a house to give ready access to a refuge if a snarling animal came charging round the corner before they gained entrance to the dwelling. One nurse almost met disaster from a young bull. She had bounced over rutted back roads to find the home of four girls who sat all day long in school with the running noses and heavy mouth-breathing indicative of bad adenoids; she wanted to persuade the parents to have them removed. She was unable to discover a road to the house though she could see it across the cow-lot. Parking her car, she started across the field. She had nearly reached the far side when the bull charged. A quick run and a roll under the barbed wire fence saved her, but she rose to find two surly dogs at her side. The father of the girls heard the growling and came to call off the animals. But the man himself was almost as hostile as his beasts. He wasn't going to have no operations; he guessed he'd had adenoids once and they hadn't hurt him and anyways the Lord must have intended them and he wasn't improving on the Lord's business. He at least condescended to show the nurse how to

reach her car in safety but her discouragements for the day had not yet ended. A goat had crawled in through the open door and was lunching on the bright red flannel lining of her cape.

Such red-lined capes in the early years of rural public health work were part of the uniform of what was often the only trained person in a wide area whose major job was breaking down barriers of prejudice and isolation in the interests of the public welfare. Without this pioneer's work it is quite probable that the weight of rural votes would have blocked many measures eventually approved by the legislature for making Kansas a healthier and happier place to live.

The Red Cross nurse did not appear in many places before 1918, for the number of active Red Cross units in the State was very small until threat of war stirred the people to action. Even the Topeka Chapter, formed in November 1910, was disbanded for a time, to be revived in 1916. Wichita, on the other hand, managed to keep its unit alive without interruption.

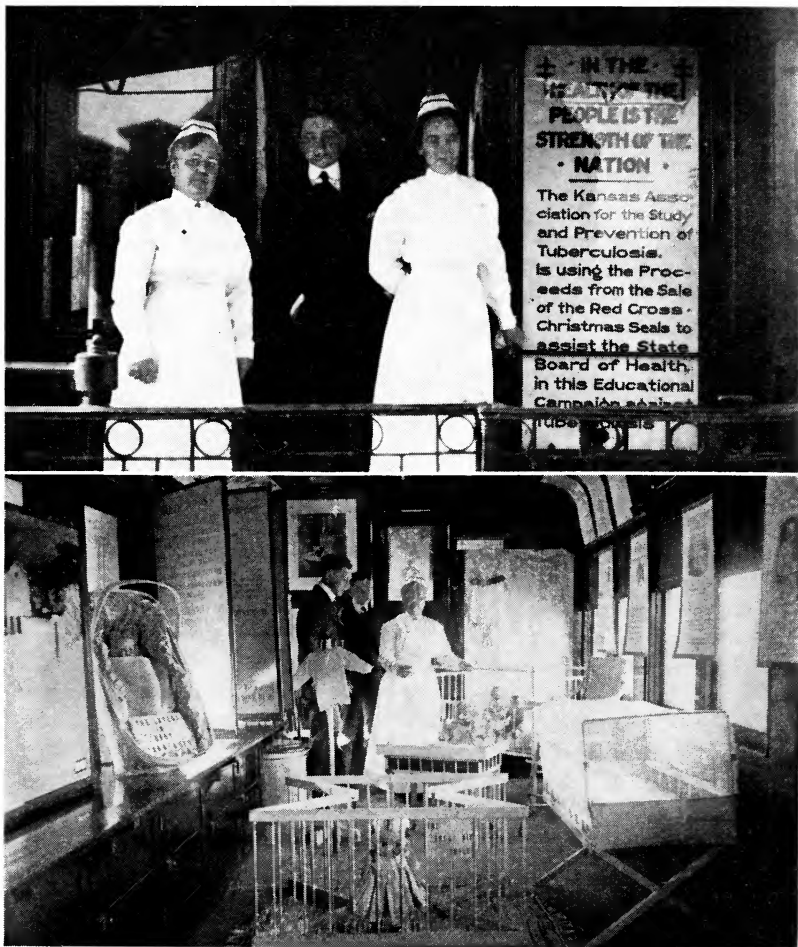
While the larger towns were struggling to establish visiting nurse services, a new field of nursing that was to become a valued auxiliary of the general visiting nurse services was coming to life. In 1913 Armour & Company, a major firm in the great meat packing and soap making center of Kansas City, hired Ethel Lee Gowdy to give first aid. Later other firms followed this example and the field of the nurse in the industrial plant was expanded to cover visits to the homes of workers who had been injured on the job in order to give nursing care and check on the extent of the company's liability for damages. While this remains one of the important duties of the industrial nurse, numerous firms have extended visiting nurse services to cover all illness of employees and their families and have promoted the teaching of hygiene and disease prevention. So many nurses are now employed by industries in Greater Kansas City that they have formed a club for protection and promotion of their interests.

As industrial insurance policy holders began to expect nursing care as a service purchased with their policies and leaders of various communities endeavored to found visiting nurse services for care of the poor, the State Board of Health, led by Dr. Crumbine, took recognition of the fact that Kansas had very few nurses educated for this type of work. After the Division of Child Hygiene was established he opened a course of lectures at Kansas State University to educate graduates for the new field.

Another development of the pre-war period was an orthopedic clinic in Wichita that became the nucleus of the work of the Kansas Society for Crippled Children. The clinic was financed by C. Q. Chandler, a Wichita banker who became acquainted with Dr. Frank Dickson of Philadelphia while having his daughter treated. He induced Dr. Dickson to move to Kansas by promise of the clinic, which was opened in January 1918 to provide services for Kansans who could not afford to go east

to specialists. The number was large as a result of epidemics of infantile paralysis at or just before that period.

While the orthopedic clinic was being planned the new Department of Child Hygiene, second of its kind in the country, was being organized



CAR "WARREN" EXTERIOR AND INTERIOR VIEWS

and planning its program. Its first act was to issue the *Kansas Mother's Manual*, compiled by Dr. Florence Brown Cherbourn. This publication, with a first edition of 20,000 copies, urged birth registration and told in the simplest terms the elements of proper infant care. The edition was soon exhausted. The Department then offered to examine babies at

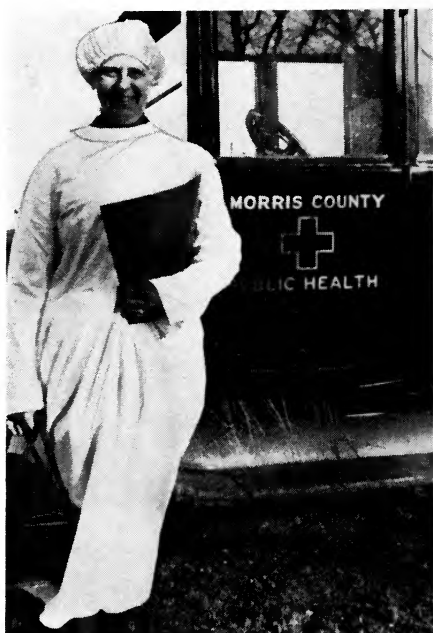
certain centers and certify their state of health. To everyone's surprise three thousand infants were brought forward.

To inspire confidence in mothers, a woman, Dr. Lydia Allen DeVilbiss, had been made head of the department. Dr. Crumbine decided on a sensational way to publicize the work in 1916, which had been named the Children's Year by presidential proclamation. He went to Chicago in an attempt to borrow an old Pullman car that could be used for a mobile clinic with teaching exhibits and his plea was so eloquent he received a car as the gift. He had the berths removed, remodeled the men's smoking room into an office for examinations, placed a kitchenette in the women's dressing room—all at a cost of only a thousand dollars. The car was named the *Warren*, for Dr. Crumbine's son who had died the previous year in China.

Dr. DeVilbiss herself started around the State in the car, with two nurses to assist her. Free transportation was supplied by the Union Pacific and Missouri Pacific railroads. The State Tuberculosis Association paid the salary of one nurse and the porter, financing the contribution by the sale of Christmas seals. The State Agricultural College contributed food and diet exhibits. Thus Kansas began to put into effect the plan of the public health officers of 1859 for pooling the efforts of welfare groups to a single end.

One of the two nurses, Edith McKnight, spent much of her time explaining to the crowds that filed through the car at each stop the exhibits and literature dealing with the cause and cure of tuberculosis. The other nurse, Margaret McBride, explained the other exhibits, which included correct baby clothing, equipment for school-child health inspections, open-air school equipment, furniture for children, a mothers' bookshelf, educational posters and pamphlets, and games and toys suitable for children of various ages. Kansans came to see the car out of curiosity aroused by the publicity in the newspapers, remained to ask questions, and returned for advice on their children.

The children themselves were especially interested in



ESTELLE PATRICK  
*County Public Health Nurse—  
A Contagion Visit*

Miss Efficiency, a large doll dressed in scientifically designed garments very different from the many layered clumsy clothes still widely in use at the time.

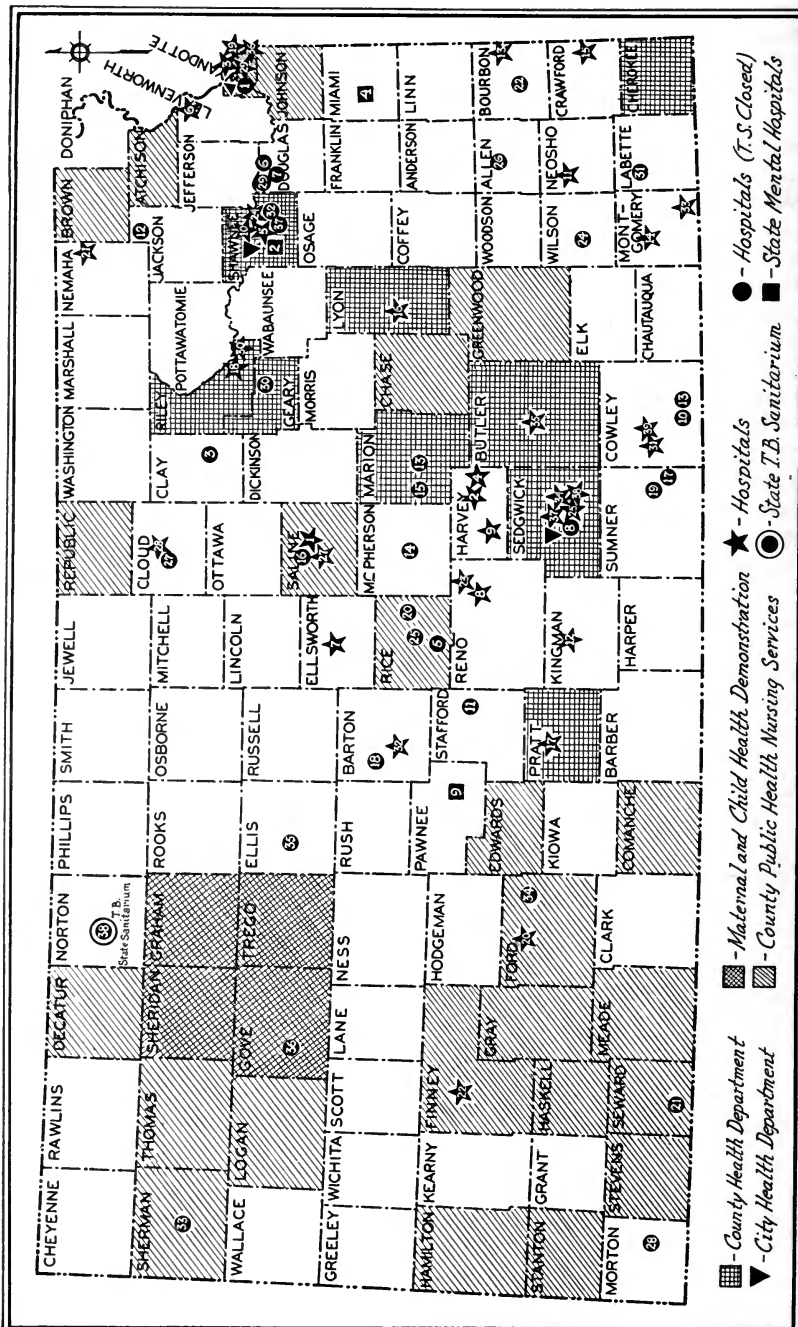
Later the department arranged to loan simpler exhibits to church and other organizations.

In the course of eight years, the *Warren*, which became known as the Health Car, visited 255 communities and its staff held 95 conferences and gave 94 lectures, in addition to making the routine examinations and explanations to visitors. The car eventually came to rest at Hillcrest Sanatorium, where it was used to house children threatened by tuberculosis.

When the United States entered the World War in 1917 the foundation had been laid for a sound public health program in the State, infant mortality was decreasing markedly and the adult mortality rate was lower, but a satisfactory plan for coordinating activities had not yet been devised.

When a community hired a nurse it loaded on her all the jobs being done any place by a public health nurse. She might spend a day doing immunizations, go out at night on a maternity call, start the next morning with a class in pre-natal care, continue to a school for health inspection, and fill in the hours between with visits for nursing care and the tacking up of quarantine signs.

If she entered a home with a contagious disease she would wear a mob-cap, a vast enveloping white garment, tight at neck and wrists, and rubber gloves. Such outfits are no longer considered necessary but they made the nurse a marked figure at the time and impressed the public with the idea that they might carry infection on their garments and hands. Estelle Patrick's vigilance in caring for infectious diseases and in running down active and latent cases of tuberculosis in Morris County in the rounds she made on every type of job so much impressed Dr. Crumbine that he offered her the position of assistant to Dr. Tuttle, in charge of communicable disease control in the State, and later made her the first State Supervisor of Public Health Nursing.



 HOSPITALS

(Training Schools closed)

1. Douglass Hospital  
Kansas City
2. Topeka State Hospital  
Topeka
3. Clay Center Municipal Hospital  
Clay Center
4. Osawatomie State Hospital  
Osawatomie
5. Sterling Hospital  
Sterling
6. Lawrence Hospital  
Lawrence
7. Simmons Hospital  
Lawrence
8. Kansas Sanitarium  
Wichita
9. Larned State Hospital  
Larned
10. Mercy Hospital  
Arkansas City
11. Butler Hospital  
Stafford
12. Horton Hospital  
Horton
13. Arkansas City Hospital  
Arkansas City
14. McPherson County Hospital  
McPherson
15. Bethesda Hospital  
Goessel
16. St. Barnabas Hospital  
Salina
17. St. Luke's Hospital  
Wellington
18. Atkin Hospital  
Hoisington
19. Dryden Sanitarium  
Geuda Springs
20. Hoffman Memorial Hospital  
Little River
21. Liberal and Epworth Hospitals  
Liberal
22. Fort Scott Hospital  
Fort Scott
23. Salem Deaconess Hospital  
Hillsboro
24. Wilson County Hospital  
Neodesha



## SCHOOLS OF NURSING

(Accredited 1941)

1. Asbury Protestant Hospital  
Salina
2. Axtell Christian Hospital  
Newton
3. Bethany Methodist Hospital  
Kansas City
4. Bethel Deaconess Hospital  
Newton
5. Christ's Hospital  
Topeka
6. Cushing Memorial Hospital  
Leavenworth
7. Ellsworth Hospital  
Ellsworth
8. Grace Hospital  
Hutchinson
9. Halstead Hospital  
Halstead
10. Jane C. Stormont Hospital  
Topeka
11. Johnson Hospital  
Chanute
12. Kingman Memorial Hospital  
Kingman
13. Mercy Hospital  
Fort Scott
14. Mercy Hospital  
Independence
15. Mt. Carmel Hospital  
Pittsburg
16. Newman Memorial County Hospital  
Emporia
17. Ninnescah Hospital  
Pratt
18. Park View Hospital  
Manhattan
19. Providence Hospital  
Kansas City
20. St. Anthony Hospital  
Dodge City
21. St. Anthony Murdock Memorial  
Hospital, Sabetha
22. St. Catherine's Hospital  
Garden City
23. St. Elizabeth Mercy Hospital  
Hutchinson
24. St. Francis Hospital  
Topeka

25. Rice County Hospital  
Lyons
26. St. John's Hospital  
Iola
27. Concordia Hospital  
Concordia
28. Elkhart Hospital  
Elkhart
29. McConnell Hospital  
Lawrence
30. Junction City Hospital  
Junction City
31. Mercy Hospital  
Parsons
32. Nellie John's Hospital  
Topeka
33. Boothroy Memorial Hospital  
Goodland
34. Perkins Hospital  
Spearville
35. Hays Protestant Hospital  
Hays
36. Quinter Hospital  
Quinter
37. Menninger Sanitarium  
Topeka
38. Norton State T. B. Sanatorium  
Norton

25. St. Francis Hospital  
Wichita
26. St. John Hospital  
Leavenworth
27. St. John's Hospital  
Salina
28. St. Joseph's Hospital  
Concordia
29. St. Margaret's Hospital  
Kansas City
30. St. Mary Hospital  
Manhattan
31. St. Mary's Hospital  
Winfield
32. St. Rose Hospital  
Great Bend
33. Southeast Kansas Hospital  
Coffeyville
34. S. W. Osteopathic Sanitarium  
Wichita
35. Susan B. Allen Memorial Hospital  
El Dorado
36. University of Kansas Hospitals  
Kansas City
37. Wesley Hospital  
Wichita
38. Wichita Hospital  
Wichita
39. Wm. Newton Memorial Hospital  
Winfield

## CHAPTER IX

### *War, Prosperity, Depression*

KANSAS, like the rest of the United States, was quite unprepared for war in April 1917. Indeed, many of the Kansans who in 1916 had helped roll up a total of 314,588 votes for Woodrow Wilson—the largest number the State had ever given to a presidential candidate—cast their vote in the belief that they were thereby saving the country from involvement. Under such conditions little attention had been given to military preparations, let alone civilian problems that might develop during the war. No one, in fact, even realized that there might be such complications.

The United States had not carried on a major war for more than half a century. The Spanish-American War, lasting only from mid-April to mid-August in 1898, was over before its impact really hit the Nation. That war had, however, provided one salutary lesson. The neglect of sanitary and medical care for the troops became a national scandal and the military medical services underwent a drastic shake-up.

The Army had been so lax in its sanitary and medical provisions for that war that a tenth of the American forces had acute enteric diseases and many more suffered from other preventable illnesses. Deaths from typhoid alone numbered about three thousand, whereas the total deaths from enemy action were but 345. Soon after volunteers and troops of the regular army began to gather in the Southeast, illness increased so rapidly among them that in the absence of military measures local citizens hurriedly set up emergency hospitals as at the time of the Civil War. The Army at the time had no trained nursing corps of its own and while the feeble Red Cross Association had sent out a call for nurses at once, and many volunteered, there was such lack of co-ordination between the Army and the Red Cross that the majority outside the camp areas were never called to service.

Lucy Shook Huxtable of Kansas was one of the first nurses to volunteer in 1898—her number was sixty-seven or sixty-eight—for she had a husband in the Army. Yet she was still waiting for a summons to service in August, when the war was nearly over. It was then that she received a letter from her husband, in camp near Chattanooga, telling of the horrible neglect of sick men in the camps where volunteers were still gathering. She left at once for Chattanooga and immediately went to work in a small hospital that had been established by an English trained

nurse for officers and their families. Shortly afterward she took charge of the nursing in an infirmary set up in the armory of an old Civil War prison, where her only assistants were untrained people from church and other organizations. Later she got herself transferred to a military hospital near the coast, to be near her brother. Conditions there were no better than in the hospitals set up by civilians. Men from the ranks were simply detailed to the care of the sick without preliminary training and worked with little supervision—they included mule-drivers, college students, anyone who happened to be at hand.

As transports began to return the expeditionary forces, in which large numbers of the men were very ill from typhoid, malaria, and dysentery, and the Army made very inadequate plans for their reception, public opinion near the debarkation ports became vitriolic. Later the volunteers released from service helped spread criticism of the Medical Corps throughout the country. Reform came too late for that war but this branch of the service had been greatly improved by the time the Nation entered its next military conflict. Not only public criticism but also the improvement in medical standards throughout the country and the growing public health campaign had helped to bring about some of the much needed changes.

Reorganization of the Red Cross was another result of the Spanish-American War fiasco. Until 1905 it was merely a small association supported by a few earnest and philanthropic citizens and lacking official status, for the United States had been reluctant to sign the International Red Cross pact. When reorganized it became the American National Red Cross with permission officially to serve the military establishments as a relief agency. A campaign began at once to create a nation-wide organization that would be ready to function in time of emergency. But while governors went through the motions of trying to set up state branches it was hard to interest people in preparation for a yet non-existent emergency. The campaign on tuberculosis and disease, offered as an activity for peacetime periods, attracted some people, but it lacked the drama and romance of military war that would draw many new members. After Europe went to battle in 1914 there was rapid expansion of Red Cross chapters to prepare hospital supplies and clothing for refugee populations and military prisoners. Highborn lecturers from abroad and picturesque uniforms for female volunteer workers helped to build up the chapters.

But when the United States entered the war in 1917 chapters and members multiplied over night. Before the end of the year, Kansas, which eventually had 80,000 citizens in the military establishment, had 123 Red Cross chapters, nearly 500 branches, and more than 1,000 active auxiliaries. Local enthusiasm was further increased by the fact that a native son, Henry J. Allen, publisher of the *Wichita Beacon*, had been placed in charge of American Red Cross activities in Europe. Allen's popularity was so great that in 1918 he was able successfully to campaign from Switzerland for the governorship of his state.



RED CROSS CAMPAIGN FOR WORLD WAR NURSES, 1917



WORLD WAR UNIT, ST. FRANCIS HOSPITAL, TOPEKA, 1918

As soon as war was declared the Red Cross began a recruiting campaign for doctors and nurses to serve in the Army and Navy. At the time Kansas had only 1,061 registered nurses, young and old, with 131 of them enrolled in the Red Cross for call in time of emergency. Nonetheless, the Red Cross set 445 as the State quota. Eventually 392 Kansas women served with the military forces, nearly all of them nurses. Of this number thirteen died in service and have been placed on the gold star rolls with the 2,250 Kansas men who died while in World War armies. One woman, Clara Orgren of Osage City, died of pneumonia in France, another, Grace Hershey, on shipboard, and the remainder on this side of the Atlantic, the majority in Kansas camps and nearly all of pneumonia—in most cases probably a complication following flu.

This disease was also responsible for many of the deaths among Kansas men in the Army for during the war the country went through the worst epidemic in its history, so serious that in a few winter months in 1918-19 it lost more than ten times as many men, women, and children through the disease as it lost through enemy action in the whole course of the war. At least a fifth of the population of the United States was afflicted in that one winter and nearly half a million died, whereas only 37,568 Americans in all were killed in military action and 12,942 died as result of wounds. Kansas, with poor registration, reported 131,477 cases and 4,073 deaths from influenza in the last four months of 1918 alone, and this death count did not include nearly all the people who died of diseases complicated by or resulting from the flu.

The epidemic, which was world-wide, began in May and June of 1918 in western Europe. The French said it came from Spain—hence it was called Spanish influenza to distinguish it from the usual, less virulent types. The Spanish, however, said it started in France and America blamed it on the Orient and eastern Europe. Whatever the origin, it soon reached the countries of the Central Powers with higher mortality, proof of the mounting strength of the virus, which is not ordinarily very active in summer. Then a second wave started and soon spread over the entire world. The first serious outbreak in the United States came in early September of 1918 at a military concentration point in Boston. Almost overnight it appeared in nearby cities. As fast as trains could carry it, the epidemic spread from coast to coast.

Even before the war the Nation would have been in poor condition to meet such an epidemic, for its visiting nurse and other services for care of the sick in isolated areas, and also in many good-sized towns, were still in an early stage of development. The war had badly crippled much of the public health and visiting nurse work, in some places completely stopping it. This was especially true in Kansas. As in other states, many of its public health and hospital nurses had volunteered for war service, as had numerous physicians, regardless of whether anyone else was available to take their places in civilian life. Hospitals were badly crippled just at a time when industrial accidents and operations to get men fit for military service placed extra burdens on the staffs. The hospitals man-

aged to carry on, however, by hiring scrubwomen and using volunteers for tasks that did not require highly trained workers and by filling up their nursing ranks with students recruited in part through the Red Cross. Volunteers in some places also tried to take over a few of the services formerly performed by the public health nurses and the Red Cross had instituted home nursing courses to prepare women for care of the members of their own families as well as strangers. In all about sixteen hundred Kansans received certificates after taking such courses before and after the epidemic began.

But all these preparations were much too inadequate when the emergency came. On October 1, Red Cross Division Headquarters in St. Louis sent urgent word to every chapter in the region that it should set up a committee to cope with the epidemic, which had already arrived from the East. The committees scoured the State for every person who had had any nursing or medical training or experience; they called for volunteers without training to assist those who had. As cases mounted in number and hospitals could hold no more cots, even in their corridors, churches, lodge halls, and schools were turned into infirmaries equipped by citizens with cots and mattresses from their own homes. For



FRANCES M. BRANSTETTER  
*Instructor in Home Nursing in Wichita, 1918*

a time all but emergency operations were stopped, partly because anesthetics would render patients more susceptible to the flu and partly because medical staffs were too overburdened to handle them. Private duty specialling was largely abandoned, except in few cases where no one else was available to give care to people who were acutely ill. Pressure was brought to bear for release of all nurses attending chronic invalids and working in the offices of physicians. Schools, theaters, churches, and meeting halls were closed for weeks to prevent spread of the disease. Many people who were forced to go into public places wore white gauze masks over their noses and mouths—a protection that in no way prevented passage of the powerful virus but did have the virtue of lessening the spray of infected droplets.

As the epidemic increased in force and virulence physicians, nurses, and volunteers, weakened by overwork and lack of sleep, succumbed to the disease. Many of them died almost as swiftly as had the victims of the early cholera. There would be a day or so in which they would drag around, blaming their weakness on fatigue, then suddenly they would drop, sometimes before they could reach home. Some people died within a few hours from the disease itself, others within a few days from pneumonia and other complications. In many cases the victims' faces turned a dark reddish purple as they gasped for breath. Pregnant women were especially susceptible and few survived an attack.

As the horror mounted relief headquarters were filled with heart-rending stories of whole families struck down and lying at home without aid, of the dead and dying left side by side for a day or more, of small children found alone, weeping and terrified, by the bodies of their dead parents. Numerous rural communities were without a single person trained in care of the sick, either through departures for military duty or the death of hard-working doctors and nurses—they never received places on gold star honor rolls, for civilian defense was not then recognized as equal to the military effort in importance.

The work of the volunteers in civilian service also was as heroic as any on the battle fields. They toiled at any job that needed doing. Lawyers and salesmen dug graves and carried coffins by the truck load to the graveyards. Men also shared the visits to the homes of people reported in need of help; usually they were sent to care for men but if on arrival they found women and children ill they did whatever was necessary—there was no place for Victorian modesty and conventions.

The situation was even worse in the military camps for there it was impossible to prevent the congregation of groups of men and conditions were ideal for development of the epidemic in special virulence, the virus increasing in strength as it passed rapidly from host to host. With hospitals jammed beyond capacity, barracks and tents became infirmaries. Men attempting to evade confinement with the dead and dying lay gasping with the disease in their regular quarters and soon found death all round them, even there. As the tiers of rough pine coffins began to block the platforms of stations near the camps, Kansas newspapers became violent in their criticism of the military authorities, then started a campaign to recruit an Army of Kansas Big Sisters to care for the brothers at Fort Riley and other camps in the State.

In spite of all improvements in the military medical services the Army was not ready for this emergency. Men who fell ill in barracks had to stand in lines outdoors for hours to reach the examining physicians. When they became too weak to stand they dropped to the ground. Those who had strength left for the effort would crawl along on the ground to keep their place in the line. When barracks and other quarters were used to accommodate the overflow of soldiers who were ill, commanders in some cases forgot to arrange a food supply for the men in the temporary sick quarters. Convalescents staggered out through snow,

wind, and rain to reach distant mess halls, thereby bringing on a fatal pneumonia. Some Army camps were also caught by the current fuel shortage, which seriously affected the civilian population and helped increase the amount of illness.

The epidemic declined in the spring of 1919, started again in the fall but with somewhat lessened virulence, and petered out by the end of the second winter.

Throughout the flu epidemics the State and local boards of health were heavily handicapped. Many physicians in public service as well as sanitary engineers and bacteriologists had enlisted for military service and the men who replaced them, when there were replacements, were inexperienced in the work of the boards. Only four nurses were then employed by the State Board of Health and they were chiefly engaged in fighting tuberculosis. During the epidemics, however, they were sent to assist communities where need of assistance became particularly acute.

The State Board of Health had no funds that could be called on in emergencies and in his biennial report of 1920 Dr. Crumbine made special point of this need, declaring the whole State had been completely unprepared to cope with the situation. That year the legislature went into extra session and tardily appropriated \$25,000 for aid in combatting the next wave of the epidemic.

In spite of the heavy losses and handicaps to the public health program during the war and the period before demobilization was completed, Dr. Crumbine found there had been some gains. Many physicians and surgeons who had not had modern education or kept up with modern advances in medicine had had training and experience that better fitted them to carry on their work after the war. They had been stimulated by work with outstanding men in their profession and had been put on their mettle by supervision of the type unfortunately lacking to the man in private practice. Practically all physicians in military service had also participated in intensive work with syphilis and gonorrhea and were better fitted to carry on the campaign to eradicate the diseases among civilians that had for some time been part of the Board of Health program.

Curiously, this disaster, one of the worst in the history of America, was quickly forgotten, except in medical circles. Those who had been ill regarded it as a vague dreadful nightmare of the war period. Unlike the cholera scourge, it never became the subject of dramatic novels. Volunteers did not band together in little clubs to keep alive memories of their experience and it was even difficult to persuade leading citizens that the country should never again be caught unprepared for such an onslaught. They wanted to forget it.

This became apparent when the National Red Cross determined to use the organization it had forged and the unexpended funds collected by chapters for the long overdue promotion of public health. Stormy scenes took place at meetings when this proposal was put before the members. Some shouted loudly that they had raised the money for the "boys" and it wasn't going to be used for anything else. One well-to-do Kansan

roared, "I'll see it at the bottom of the ocean first." Better counsel prevailed, however. It was patiently explained what the new program meant to the safety of the Nation, of how, if war came again, it would help to keep down the number of men rejected for military service because of disease and illness. The objectors were bombarded with stories of what the program would mean to children unable to protect themselves from ignorance, of the state and local cost of caring for crippled and diseased people who might have been kept in good health. Eventually numerous chapters decided to use their funds as the National Office had suggested in building up local public health nursing services and extending them throughout the counties.

Then came the problem of finding personnel. Nurses had returned from military service and new crops of graduates were at hand, but the hospitals were greatly in need of more registered nurses. Stiffened rules on the staffs needed if hospitals and schools of nursing were to be accredited forced employment of more graduates. Smaller hospitals that could not provide the experience and supervision required by the new standards were forced to use graduates entirely; others, managing to meet the standards by affiliation and other means, found great difficulty in getting students and had to employ graduates anyway. The real difficulty was that nursing had become much less popular as a career. The war had opened up so many jobs to women that it was no longer necessary for the girl who wanted independence, but did not want to teach, to undertake three years of arduous training, part of the time doing mere housework, and throughout the period living under rules reminiscent of the Middle Ages. And most of those who were best prepared for professional training would not enter schools lacking the new college or university affiliations.

Thus, the new Red Cross services became competitors for the best nurses. But even the best were not satisfactory for the new type of work without more than institutional training. The Red Cross tried to help the hospitals by again recruiting students and set up a series of loan scholarships to enable graduates to prepare themselves for the new field.

A further obstacle in the way of rapid expansion of the public health program came from the old-line physician who thought the visiting nurse would be a rival, cutting down calls for his services. He had to be educated with patience. The nurse, it was explained, would not diagnose or prescribe. If she found people needed him she would urge that they call him—the nurse, in other words might increase his business.

Realizing that the funds already collected would not last long, and that it would be difficult to collect more for a peacetime activity, the National Office adopted the policy of having the Red Cross chapters establish their county nursing services in co-operation with the county commissioners, always endeavoring to get some contribution, however small, from the counties themselves. This was a sound tactic for it meant that the commissioners would have a personal interest in the work and, if the program proved its worth, be anxious to continue it with

public funds when the Red Cross funds were exhausted. The foresight-  
edness of the policy was later confirmed.

The success of the first rural services depended largely on the tact of the woman who started them. One Red Cross nurse had been warned before entering a county to which she had been assigned that she might expect special hostility from the oldest and most influential physician at the county seat. She discovered what she could about him. He was a notable fire-eater but an honest man. She found he had been born near her own birthplace. She determined to call on him first. After introducing herself she mentioned the matter of birthplaces. He snorted. Before she could explain what she proposed to do he began a diatribe against nurses. He had no use for them. All they wanted was money for doing nothing. "You give a nurse orders on what you want done in the night and when you come back you find she's been asleep. Even the medicine is not a hair-line lower in the bottle."

The nurse glared at him sternly. "Doctor, I'm ashamed of you, I don't doubt you've found nurses like that. But you've met as many doctors as I have that weren't worth shooting. Do you think I ought to go around saying that no doctors are any good?"

The old man looked at her a long minute over the top of his glasses then demanded why she thought she was in the county. She first showed him the new *Mothers' Manual* prepared in the State Division of Child Hygiene and told him she expected to give a copy to every mother she could find and explain what was in it. Then she was planning some pre-school health conferences for which she would round up children for examination by a physician. If the examiner recommended correction of physical defects she would try to persuade the parents to take their children to the family doctor for the work. After that she wanted to start examinations in the schools to get defects among the students discovered and corrected.

The old man snorted something about "full-sized job" and "redeeming her profession," but did not show visible softening. After she had lined up other physicians to help with the program she made another call on the fire-eater. She told him all she had done but made no request for help from him. While he had no comment, it was clear he was interested. She continued to call on him at intervals and at length acquired an ally.

The nurse used the same careful approach to the county commissioners—the Red Cross had left the selling job to her. The men were not hostile, but merely skeptical. She told them frankly that it was hoped they would one day support the work. For the present she was only asking that they keep an eye on it. If it did not prove worth its cost, dollar for dollar, they would not be asked for a nickel. She labored patiently, during this probationary period giving aid in accidents, nursing new mothers and their infants, and working long hours. The various clinics came off successfully and the county school superintendent asked

her to give a course on hygiene and home care of the sick at his teachers' institute. A city superintendent of schools who was a visiting lecturer at the conference sat in at some of the nursing talks and quite flattered the county superintendent by announcing he was going to have someone give a similar course for his teachers. About this time the second flu epidemic struck the community and the nurse organized and directed volunteers. The commissioners needed no more convincing. As the period of service covered by Red Cross funds was nearing its end they met and decided to support continuance of the program. They were much disappointed when someone informed the nurse of their decision before they could officially assure her they had arranged for her to remain, for they regarded their action as a personal tribute to her.

By the end of 1919 Kansas had 79 public health nurses—4 employed by the tuberculosis association, 31 by the Red Cross, and 44 by communities—an excellent record in view of the difficulties of establishing the work. In April of that year Dr. Crumbine had recommended establishment of a Department of Public Health Nursing under the State Board of Health; this was done and the new agency became part of the Division of Communicable Diseases. Dr. Crumbine helped to sell the value of the new service to the public; he estimated that the public health program had already cut down mortality within the State and predicted much greater improvements if only the work could have adequate financial support for ten years.

While Dr. Crumbine always endeavored to help and co-ordinate the work of official and privately supported services, local health officials were not always as helpful. In places where the public health officers were part-time employees they frequently balked the efforts of the nurses to impose and maintain quarantine regulations offensive to their private patients. Sometimes they failed to make report of infectious disease, or reported it when the patient was nearly well; at other times they called diphtheria "septic sore throat" or something else that did not come within the regulations. The nurses labored long with the families they served to make them realize that selfishness of this kind was in the long run dangerous, since they might be exposed to disease from other families similarly protected.

The attitude of non-co-operation was, however, far from general. Many physicians soon came to depend on the visiting nurses, some of them to an embarrassing extent. It was especially difficult for a nurse who was trying to gain support for her organization to refuse to do work she knew was outside her province. If, for example, during a busy winter period a physician who knew she was making a trip into a remote rural area asked her to open an infected wound reported by telephone, she was placed in a serious dilemma. While she might have done the work if a physician had been completely unavailable, or done it in a hospital in the presence of a physician, she did not dare do it under such circumstances. Even though acting on an order by a physician she knew it was verbal and that she would have to bear the blame if anything went

wrong; even if all went well she would inevitably be criticized by other physicians for having done work that "belonged" to them.

The rural program did not begin all over the State at the same time. The first county to have a Red Cross nursing service was Reno, whose chapter, with headquarters in Hutchinson, instituted the service on December 16, 1918, in the midst of the flu epidemic. Thirteen others were organized in the next year and eight in 1920. When the Shawnee Chapter of the Red Cross began its rural work in 1919, it was fortunate in having a nurse who already had a Ford touring car, the gift of a grateful patient. In January of that year Salina had organized its Public Health Nursing Association and acquired a Red Cross nurse as result of a meeting of the Kansas State Nurses' Association in the town in 1918 and their recommendation that Salina be made a training center for nurses to be hired by Red Cross chapters. The Salina association had a healthy growth; after four years the county began to provide some funds for the service, which was already being aided by a contract with the Metropolitan Life Insurance Company. Red Cross aid did not end until 1929.

Wyandotte County began to make plans for rural service in 1918 and in 1919 employed its first contagious disease nurse. It was particularly concerned over problems presented by the demobilized soldiers. An especially embarrassing problem was presented by one who was so subnormal mentally that he was a constant refutation of the publicity on the Army's rejection of the unfit. Somehow, he had slipped through while men of intelligence had been rejected for flat-feet and other minor defects they did not know they had. When he prepared to marry a red-haired, buck-toothed girl of his own low grade intelligence the nurses tried vainly to find some law that would stop the ceremony and prevent propagation of further defectives. Fairly soon after the marriage it became apparent that pre-natal care was needed by the wife. Then began a series of visits that filled the nurses with despair. The veteran, who was drawing a small income, had set up housekeeping in a tent he had provided with a door-bell; even with the tent flaps pinned back and the occupants fully in view, no nurse could enter until she had formally pressed the button. Most of the time the wife sat on a cot with vacant silly face and her husband, to keep her entertained, pounded a big bass drum. Later, the visiting nurse found him making clothes of bright reds and blues for his prospective offspring. That they were much too small did not in the least concern him. The couple determinedly remained in the tent for the birth of the baby, the nurse assisting in the event with exasperation that almost overflowed.

Recurrence of the influenza epidemic woke Wichita to the need of a better health service. An association was founded and a nurse began work in October 1919. Members of the Federated Clubs, whose valiant and fore-sighted early efforts had been frustrated by public apathy, felt justified when the city appropriated \$5,000 for the work which was also aided by \$500 from the local Red Cross. The privately supported Sedgwick County Home was the first office of the nursing association, and

was to some extent responsible for the odd variety of cases it had in its early years. Drug addicts were numerous, maternity calls under strange conditions common. The high light of the period was a new-born infant flung from a passing train into a weed-patch, where he was found by some skirmishing boys. One of the nurses, Hershey Jewell Schaeffer, took Jackie at night to her room at the home. After six months a foster-mother was found who could meet the exacting standards of the doting nurses. Mrs. Schaeffer had charge of a tuberculosis clinic in a building the home's agent had had erected near the main building. In 1920 Mrs. Anne Lee Washbon Wick became superintendent of the Public Health Nursing Association; she was important in extension of its work and in gaining public support at each step.



*Upper*—WICHITA VNA, 1920  
*Lower*—FIRST TOPEKA VNA UNIT, 1915

The first Red Cross nurses in Kansas wore a dress of grey cotton crepe that required no ironing and did not show soil easily. Later the blue uniform was adopted, also the red-lined blue cape. Most of the public health nurses now wear the Henry Street uniform of dark blue with white collars and cuffs, a black tie, black shoes, and a dark blue or black hat. They also carry a Henry Street bag, square at the ends and long. In it is a butcher apron and a very compact kit that includes a

thermometer, green soap, disinfecting alcohol, wooden tongue depressors, cotton, applicators, swabs for emergency use, paper towels, a small basin for sterilization of various articles, an enema tube and funnel, and certain other supplies.

One of the most important parts of the practical training of a visiting nurse is designed to keep this bag, its contents, and the nurse's clothes free from contamination in homes where there is illness. Each nurse goes through a probationary period in which she is drilled in the technique until it becomes automatic. On entering a home where there is illness she is expected to set her bag down and place her coat and hat on chairs covered with newspapers. After the first visit the family is supposed to have newspapers in readiness for this purpose, and also hot water and other articles the nurse may need. Many families, receiving the nurse for the first time, are affronted by this protection of the clothing but it is customary to disarm the housemother by explaining that it is a measure of protection to the family, since the nurse's coat and bag might have picked up infection elsewhere.

Before the nurse opens her bag she washes her hands and places another newspaper, or a paper towel, on the table where she will lay her supplies. Each article is removed in a specified order and placed in an allotted position. Newcomers to the work sometimes regard this part of the routine as silly but they soon learn that it makes for quick efficient operation, enabling them to work automatically while talking with the patient or the family, preventing them from forgetting some essential service, and speeding up the operation. They also learn in time that the routine often gives valuable confidence to families who have had relations with other visiting nurses. These families reason that the previous nurse, who was good, did exactly the same thing; so this nurse must be good too.

While the routine of handling the bag is mechanical, that of meeting the family and caring for the patient is not. Each patient and family offers a new problem, which the nurse can give her whole mind to since her fingers take care of the preparations without conscious guidance.

The bag routine has variations for visits that do not require bedside care but the well-trained public health nurse never indulges in the miscellaneous gropings or carries the dirty mixtures characteristic of old-time doctors.

While the visiting and other public health services were being built up so carefully, and local confidence and co-operation were being established, the pioneer Division of Child Hygiene was having rough sledding. It was even harder to obtain adequate financial support for it than for the local health services. A legislator as a private citizen might be persuaded to contribute to a service that was guarding the health of his own children and still be unable to appreciate the value of an agency that was saving the lives and health of children throughout the state. Dr. Florence Brown Sherbon, chief of the Division in 1920, made an

urgent plea for funds in that year, pointing out that though Kansas had been the second State to set up such an agency, it provided almost the least funds to support it. The budget she offered contained only \$25,000 for maintenance of the office, staff salaries, and traveling expenses, in addition to \$10,000 for operation of the Health Car Warren. In justifying the need she pointed out that without traveling expenses it was impossible for the bureau to bring the people crippled during the infantile paralysis epidemics of 1914 and 1916 to orthopedic clinics, supervise the children's and maternity homes of the State, care for orphaned and stranded children, and continue the educational work.

Nearly all of these activities had been approved by the legislature when setting up the bureau, or at later times. Supervision of children's and maternity homes had been empowered in 1919—though no funds were provided to carry out the provisions of the act. In spite of the handicap the Division had with much difficulty managed to inspect 118 homes. Few came up to the standard. Some of the boards of managers were quite willing to make at least the minimum of the improvements required for approval, when the need was pointed out, but others were indifferent or hostile. A discouraging number saw no reason why they should provide a home with standards equal to that of normal family life for dependent children. Weren't they giving them much better than they came from? The principal difficulties were lack of funds and lack of women suitable for the management of such homes—the second was usually dependent on the first. There were few enough women who had the tact, patience, and intelligence to be foster-mothers to large numbers of children, many of whom had emotional and other problems as a result of their position or of unstable inheritance; and not many among them could or would undertake such responsibility on very small salaries in cheerless institutions having very inadequate equipment.

Most of the homes had been established by well-meaning or devout people to meet a pressing need; they had little conception, however, of the problems and often did not take trouble to learn to meet them. While some institutions had gradually improved, others had fallen into the hands of boards who felt they had done their duty by supporting any kind of place. There were directors who were quite smug about their positions as supervisors of a charitable institution and considered investigation of their stewardship as impertinence. One home supported by a religious body, supposedly for children, contained a mixed lot of inmates—foundlings, half-orphans, aged ne'er-do-wells, feeble-minded adolescents, and pregnant girls, all crowded together in a state of unspeakable filth. The community in which this home stood was quite indifferent to its management but very complacent about a Thanksgiving offering collected in its schools for a distant, well-managed and well-supported orphanage that cared only for children from superior families. The board resisted the measures forced on it under threat that the home would be closed if they were not complied with; the measures included purchase of beds so the inmates would not have to sleep three together, disposal of all

residents but the children, and transformation of the front yard from a barnyard to a playground.

One of the worst orphanages inspected was maintained by a fraternal order. In one dormitory there was a single towel and drinking cup for the use of twenty-three boys; the cup was chained to the wall above the wash-basin. None of the children had night-clothes and the stench in the dormitories was almost unbearable, for mattresses were unprotected and many of them had been rotted by bed-wetting.

The homes for unmarried women expecting babies were also in need of constant supervision. While one Florence Crittenden Home, for white girls, was quite satisfactory, another, for Negroes, was so bad it was refused a license. Several mission and church homes of this type were adequately equipped but nearly empty, in spite of their offer of care for six months after the baby was born; the women preferred public institutions to places where their personal problems were subjected to well-intentioned but often painful moral judgments.

In 1919 the Division had asked the governor to appoint a committee to draw up a Children's Code after survey of conditions affecting child welfare in the State. The committee had been appointed but lack of funds greatly hampered its operations also. It was composed of representatives of welfare and social agencies and women's clubs. Under advice of the chief of the Division, it recommended that Kansas follow the example of Iowa, which had set up a laboratory for study of the mental, moral, and physical development of normal children. In 1922 the committee recommended establishment of a State Division of Public Health Nursing, to supplement, co-ordinate, and standardize the activities of the 150 public health nurses then employed in the State. Further recommendations were for definition of the duties of public health officers and establishment of standards for licensing and supervising midwives. It was proposed that only graduates of recognized schools of midwifery be licensed and then only after examination.

The committee was especially interested in the question of midwives. The State was proud of having brought its infant death-rate down to the point where it was one of the lowest in the country, but the numbers of still-births and deaths of the new-born were still high. Few of the midwives, operating especially among recent immigrants and the Negroes, had ever had training of any kind. Under laws of the time no one could question a woman's right to take such responsibility even though she proclaimed, as one old grandmother did, she had received her only "plomey from the Creator" and considered that the best place to get it. This mammy had slammed the door on a nurse sent in by the Metropolitan Life Insurance agent with the firm announcement that she was in charge of "dis lady."

While the committee was making its survey, the number of public health nurses and visiting nurse associations had continued to grow and the health agencies were greatly cheered in 1921 by passage of the Shepherd-Towner Act. This act provided a small sum to be allotted under

certain conditions to states that would set up departments to promote child and maternal welfare. Kansas already had a division primarily devoted to the interests of children and the State Board of Health was quite willing, even anxious, to extend the field of its operations. Anticipating receipt of Federal Funds it changed its Bureau of Public Health Nursing to a Division of Public Health Nursing, made Hulda A. Cron of Cleveland its supervisor and added three nurses. But the legislature at its next session in 1923, refused to comply with some of the requirements of the act and its duties were assumed by the Division of Child Hygiene. In the absence of Federal funds the new agency had to be abandoned.

Political squabbles seriously retarded the State Board of Health program in 1923. A small but vociferous minority group in the State legislature had been hostile to Dr. Crumbine ever since he assumed the office of secretary. Newspaper reporters, noting the anti-Crumbine manifestations, were wont to remark that the "boys" were indulging in their "biennial pastime." But Dr. Crumbine always managed to weather the storm until a tempest of unprecedented violence broke immediately after the inauguration of Governor Jonathan M. Davis. The governor attempted to remove the members of the State Board of Health, on the excuse that their appointments had never been ratified by the State Senate, in order to replace them with appointees he favored. The board members refused to quit. Governor Davis appointed their successors, however, and demanded the resignation of Dr. Crumbine as secretary. The public health leader, who had been offered a position with the American Child Health Association, severed his connections with the board on June 1, 1923, after nineteen years of service.

Governor Davis' new board named Dr. Crumbine's successor, but the old board, still insisting its status was legal, elected its own candidate, Dr. Milton O. Nyberg of Wichita. Thirty years before Kansas had faced a similar situation when the State Supreme Court had been forced to place its legal stamp of approval on one of two organized houses of representatives. On June 8 the office of the State Board of Health was closed, pending action of the Court. Eight days later the decision, recognizing the old board as the legally constituted body and Dr. Nyberg as secretary, was announced.

Public health workers said the State Board of Health had become a political football. While the State work suffered heavily under these changes, the local political units fortunately were assuming more responsibility and an understanding of preventive measures. The city government of Hutchinson employed a public health nurse in 1922 and since that time has annually levied a tax to support the service. Coffeyville began to maintain a nurse in 1925, augmenting a service begun with the aid of the Metropolitan in 1920. Topeka employed a Negro school-nurse in 1917 on a part-time basis and Kansas City three, wholly for infant welfare clinics, in 1936. In 1923 the Metropolitan placed a nurse in Fort Scott at its own expense since the town had no visiting nurse ser-

vice. Since that time the company has placed its own nurses in a number of communities where there were no visiting nurse associations at the time or where satisfactory arrangements could not be made with the existing organization.

Another field of the public health nurse, developed in Kansas after the war, is the school. The nurse assists with the annual physical examinations, does routine inspections of children whose teachers believe they are in incipient stages of contagious illness, visits homes to arrange for correction of defects, ferrets out conditions affecting school children that may need attention from social and welfare agencies, and carries on other work that may be assigned to her under local conditions. This may include the teaching of hygiene and, on occasion, the handling of sex problems and sex instruction. In the earliest days of the school work some parents were highly resentful of the nurse's visits to the home and it was occasionally necessary for her to be accompanied by a policeman. This, however, was resorted to only under dire necessity, as in case of broken quarantine, for the whole of the public health nursing service rests on the principle that the public must be educated and persuaded to co-operate in measures for its own protection. Force could not have made the citizens of Topeka provide its 1940 staff of a full-time school physician, six junior high, one senior high, and two grade school nurses, and six health rooms.

Yet another development in the public health field is the work with crippled children, outgrowth of the clinic established by C. Q. Chandler in 1916, when infantile paralysis had left an alarming number of handicapped and helpless young people in the state. This work began to get public attention in 1920 when the Shriners contributed money enough for the care and treatment of a number of children at the clinic. At Christmas that year the Capper Foundation for Crippled Children was established. On November 23, five years later, Edgar F. Allen came to Wichita to organize a temporary state society to promote the work. It was formally incorporated in the following February as the Kansas Society for Crippled Children. Two years later the University of Kansas Department of Medicine assisted in establishing monthly clinics at Hutchinson, Hays, Pittsburg, and Dodge City.

In 1929 the governor, Clyde M. Reed, appointed a commission to survey the situation in regard to crippled children and recommend measures for co-ordinating and expanding the work with public funds. Two years later the legislature made such provisions, the funds to be levied by the counties. This plan did not operate satisfactorily and the law was revised in 1933 to place financial responsibility on the State as a whole. The society now employs eight nurses in its work and is largely supported by retail sales taxes.

During the early years of public health nursing there was a tendency to multiply the number of specialized fields in which nurses were to be employed. This, as later realized, was a mistake. It was inefficient, it was found, to have half a dozen nurses visiting the same home

for different purposes and tended to create confusion in the minds of the people requiring such a variety of attention. Also, with each nurse intent on her special line, it was difficult to treat the situation as a whole. The family that needed attention because of tuberculosis, sickly babies, failures in school attendance, and juvenile sex offenses could not be helped by miscellaneous tinkering. Out of such situations grew the social service exchange through which the whole record of families coming to the attention of any agency was almost at once available to all other agencies. This in time resulted in reduction of the number of visits by different welfare and nursing workers and better co-ordinated attempts to meet specific situations.



KANSAS STATE COLLEGE, EXTENSION DIVISION  
*First Aid and Home Nursing Class for Kansas Farm Bureau Women*

In 1922 Mr. and Mrs. C. A. Dabney transferred their farm near Independence to the American Legion for seat of an orphanage, a memorial to two sons who had died shortly after their return from military service overseas. The gift was contingent on the Legion's collection of \$100,000 for a building and maintenance fund. The condition was partly fulfilled. It was decided, however, that a tuberculosis preventorium was much more needed than an orphanage and the institution was opened under joint sponsorship of the Legion, its auxiliary, and the Kansas Tuberculosis and Health Association. The Legionville Preventorium was open to any child needing care, though the children of veterans had preference, the institution's capacity being only fifty. Miss Maude Bolt, who had started the pioneer camp of the State, at Topeka in 1913, became superintendent. The Legion was proud of the character of the place but in 1939, after having cared for 820 boys and girls, found itself unable to support it any longer and offered it to the State. Funds were not made available and the health camp was closed.

Some of the children who were sent to the preventorium were discovered through the tuberculin tests now widely used in schools, colleges, and board of health clinics of the State.

The war of 1917 was responsible for the beginning of a significant piece of public health work among farm women. In 1917 the Extension Division of the agricultural department of Kansas State College employed Ella Butzerin, a registered nurse, to supervise a course in home nursing, made part of the program of clubs organized by the home demonstration agents. Miss Butzerin trained the demonstration agents and supervised the classes. Her visits to the club meetings, held in the homes of members, provided opportunity for the women to discuss health problems in their families and when it was announced that the Health Specialist would be present, few failed to attend.

In 1919, W. Pearl Martin became supervisor and she has continued to hold the position. The program has been greatly expanded. In addition to teaching first aid and home nursing, the nurse lectures on hygiene, home sanitation, and care of children, also explains the cause of disease in terms suited to her audience. She also lectures at the county fairs and assembles health exhibits of interest to rural people. In 1922 the club women became interested in pre-school health conferences but it was not possible to start them before November 1 of the following year. The chief difficulty was that rural physicians did not approve of any program providing free advice on health and were quite unwilling to co-operate.

Clubs in eight counties began sanitation projects in 1929; four years later work in parental education and child welfare was begun. As these classes provide guidance to people outside the usual adult educational areas, they fill a large gap in the statewide public health program.

Yet another home nursing activity is that carried on by the Sister Servants of Mary. It is purely charitable work and does not emphasize education of the families visited, but has access to some homes that might not accept care from other agencies. The order, which originated in Spain in 1851, established itself first in the United States at New Orleans. A businessman of Kansas City who had been nursed through tropical fever by the sisters urged them to extend their work to Kansas City, provided ground and helped to finance construction of a two-story building for them. The fortune that enabled him to provide this subsidy had come from sale of railroad ties cut in the Ozarks. During their first years in the United States the sisters operated a hospital to give them the training that would place them on equality with graduate nurses. The hospital has since been abandoned but a number of the sisters are registered nurses. They do not care for mental or obstetrical patients but, unlike members of other Roman Catholic orders, make their calls alone, rather than in pairs. The Kansas City house, now one of five in the United States, has forty-seven residents, including novices, and cares for approximately four hundred and fifty patients a year.

In 1929, however, the first genuine health work was started among

Indians on Kansas reservations, when the superintendent asked the State Board of Health to survey the situation and a nurse from the Kansas Tuberculosis Association was assigned to work with the Indians. The dwellings of the Kansas Indians were barren and poverty-stricken; their diet was limited; and their average cash income was only one hundred dollars a year. Tuberculosis and other respiratory diseases were prevalent, trachoma, impetigo, and similar skin diseases resulting from filth were common.

After completing its survey the State Board of Health recommended that a public health nurse be employed, clinic and hospital facilities be made available, and a long-term health education program be initiated. Progress was slow, however, until after the Indian Service was reorganized in 1933.

The blackest period for the new public health programs was between 1930 and 1935. With private contributors much less able to support the work and tax receipts greatly reduced, it became almost a week to week struggle to keep essential services in operation at a time when the need for them was more acute than ever before.

Adding to calamity came the dust-storms from the sub-marginal lands in the western end of the State and neighboring regions. Without the vegetation that had been destroyed in the rush to raise wheat during the war and post-war period, there was nothing to hold down the soil when a dry period was reached in the repetitious climatic cycle. As months went by without rain or snow, nothing could be induced to grow and the plowed soil was reduced to loose powder that was lifted and whirled with every breeze. Then came dry wind storms of unusual violence that tore the top-soil into the air and carried it off in what was called black blizzards. The dust clouds blotted out the sun. Sometimes the air was a pale-yellowish gray, often it became as black as on starless nights. The whole state, and regions eastward, were powdered by the choking mass. No window could keep the dust out. A new-swept floor was thick with soil within an hour. The unfortunate residents of the dust-bowl who did not flee went around coughing and choking and their irritated lungs were prey to the pneumococcus and other bacteria.

When the situation became too acute for State and local authorities to handle it, the Red Cross came to the rescue with forty-eight nurses and established emergency hospitals at Johnson, Ulysses, and Cimarron, in the most seriously stricken areas. The Red Cross also distributed more than a hundred thousand dust masks and supervised the job of making at least one room in each of seven hundred houses dust-proof.

The black blizzards reached their peak of intensity on April 14, 1935. Three weeks later great rainclouds came rolling westward and that time the long awaited rain arrived. Once started, however, the rain did not stop. Throughout May and early June the flood continued. Streams overflowed and the freshly deposited silt turned to a sea of mud, wherever it happened to be. The nurses who had departed with arrival of rain came hurrying back. The flood was worst in the Republican

River Valley, which extends into Nebraska and Colorado. Mass immunization against typhoid was one of the most important measures in areas where drinking water had been contaminated. This was carried out by local health officials with supplies provided by the Red Cross, which also arranged transportation for nurses supplied by the Kansas Emergency Relief Administration.

There were some recurrences of the drought and floods in the following years with similar need for assistance. When on March 30, 1938, a tornado devastated most of the residential district of Columbus, in the southeastern part of the State, killing twelve persons and injuring about



RED CROSS UNIT PREPARES FOR ACTION DURING THE  
DUST STORMS OF 1935

two hundred, Thora Ingebretson, assistant director of nursing for the Red Cross, and Ethel Hastings, superintendent of Bethany Hospital in Kansas City, rushed down with six Red Cross nurses to care for the injured. A minor flood in Saline County followed in June, leaving thirty families in need of medical and nursing aid.

The first of this series of disasters made the Kansas legislature ready to act when Federal funds again became available for public health work in 1935 through the Social Security Act. At the first opportunity, in 1936, it enacted measures enabling the State to obtain approximately \$130,000 annually to strengthen and extend its public health program. The cost of training additional personnel came from this money. By 1938 special training had been given to two nurses in the Division of

Child Hygiene, eight under city boards of health, eleven in county health work, and eight employed by boards of education.

Under the Work Projects Administration, established late in 1935, employment was provided for registered and unregistered graduate nurses until they could again find normal private or publicly supported work. The program, sponsored by the State Board of Health, did not compete with established services and in many places met a need not previously recognized, as in the adult classes in hygiene.

In January 1942, 209 nurses were employed in public health work in Kansas, 51 by county units, 53 in schools, 59 by visiting nurse associations, 19 by city boards of health, in Kansas City including the Maternity Center, 8 by industries, 9 by the Crippled Children's Bureau, 1 by a Federal agency, 1 by the Red Cross, 7 by the State and 1 by the Metropolitan Life Insurance Company. Nine counties—Pratt, Sedgwick, Butler, Riley, Geary, Lyon, Marion, Shawnee, and Cherokee—had health units with staffs employed full-time. Not long before the survey was completed Gove, Graham, Trego, and Sheridan counties were united in a child health demonstration project, with headquarters at Quinter, under supervision of the assistant to the director of the Division of Child Hygiene. Establishment of this demonstration unit was preceded by two tours of the state by representatives of the division who offered free courses in pediatrics and obstetrics to physicians. The division holds institutes periodically for public health nurses.

The nine publicly supported units employing staffs full-time are aided by State funds and do only preventive work with advice from the State Board of Health. The smallest staffs include at least one physician (the county health officer), one nurse, one sanitary engineer, and one clerk. In ten counties where the work is supported entirely by local funds the nurse, who gives some care of the sick, also assists the county health officer in disease prevention. Twenty-two counties receive financial assistance of some kind through the State Board of Health under agreement with local medical and political representatives.

Kansas City, Wichita, and Topeka also have full-time publicly supported health agencies. The school nurses are supported in various ways, in some places with aid from the Red Cross.

The present situation in regard to medical care and promotion of public health is still unsatisfactory to Kansas leaders in the fields but they admit that progress far beyond the dreams of the pioneers has been made and the record offers ample grounds for hope that Kansas will advance steadily toward the perfection they envision.

## CHAPTER X

### *The Nurses Organize*

LATE one afternoon in 1911 Nellie Pyle Baker, acting superintendent of the Wichita Hospital, and her assistant, Elizabeth Costin, were finishing their daily rounds with unusual speed. They were determined that nothing should interfere with their plans to take part in an important event—a formal banquet at the Carey Hotel to celebrate organization of the first professional society of graduate nurses in the State. What this meant to them was indicated by the extent of their preparations for the banquet. Both women had had new challis dresses made, Mrs. Baker's lavender, Miss Costin's pink. They had also bought long black silk gloves and, unusual at the period, had found time to have their hair done by Wichita's lone hair-dresser. It was piled high in puffs and rolls.

Just as they were ready to leave an ambulance clattered up with a woman in labor and having convulsions. Banquet or no banquet, they had to make sure she was being cared for before they hurried off. By the time the situation was under control it was too late for them to reach the hotel on the street-car, as they had planned. They might call a hack but that would take time. Besides, it would be a drain on slim purses depleted by the new dresses, the gloves, and the hair-dressing. As they came down the steps debating the matter they saw the ambulance that had brought the patient still standing by the door while the horses recovered from their rapid run. Mrs. Baker explained their dilemma to the driver. He gallantly offered his chariot. They hastily climbed in, clutching voluminous skirts. Off went the ambulance, the horses at full gallop. As they rounded corners on two wheels the driver stepped on the gong. Carriages drew out of the way and pedestrians jumped toward the sidewalks. The nurses held to the seat with one hand and clutched falling hairpins with the other.

The driver drew in the team with a flourish at the foot of the hotel steps. The nurses climbed down, shook out their skirts, started to put up dangling locks. Suddenly they noted the occupants of the long hotel piazza. Fifty or so "drummers" sat there agape. It took all the poise acquired through years of training to walk up the steps with dignity and cross to the comparative privacy of the lobby.

This extraordinary arrival at a banquet, recounted with glee in every newspaper of the State—and even cartooned—, gave wide publicity to a vital step in improving the care of the sick in Kansas. The or-



MRS. ALMA REVELLE O'KEEFE  
*First President K. S. N. A.,  
 1912-1914 and 1921*



CHARLIEN ZELLER  
*President 1915-1916*



W. PEARL MARTIN  
*President 1919-1921*



ETHEL L. HASTINGS  
*President 1922-24 and 1927-28*

ganization of the nurses was a matter of expediency, partly in their own interests and partly for the protection of the profession they had adopted.

Kansas was going through experiences similar to those that had occurred earlier in England. During the rapid increase in the number of hospitals, which took place about the time trained nursing service received public approval, innumerable "training schools" were established by managements desiring competent staffs or anxious to gain patronage by offering trained service. A good number of the training schools were, as in the United States, merely devices for obtaining attendants at less than the usual labor cost. The quality and amount of education provided depended on the managers, since there was no supervision of the nursing schools. By the 1880's England had many pleasant young women who called themselves trained nurses and no one had authority to question their right to the name. To remedy this situation graduates of the best English schools began organization in 1885.

Eleven years later the American Nurses Association came into existence for the same reason. Soon branches developed in various states and work was under way to establish state registration. North Carolina nurses made the first progress. In 1903 the State passed a law permitting registration, though not requiring it. In the following eight years legislatures of thirty-three other states passed registration laws, some making registration mandatory, others merely permitting it. The initial standards for registration were not high and in many states were set largely by physicians, rather than nurses. But persistent work brought gradual improvement.

The nurses worked steadily with the doctors to make them realize that they were protecting themselves by hiring only registered nurses. It was pointed out that the pleasant young woman who was not eligible for registration might, through ignorance, make mistakes that patients and their families would blame on the doctor who had called her in. Enough incidents of the kind had already occurred to make the better physicians fearful and it was their backing that provided much of the persuasion needed to convince suspicious legislators. These physicians also co-operated with the nurses who had established register of graduates by calling only nurses whose credentials were acceptable to the registration bureaus.

With registration in force in thirty-four states well qualified nurses in the other fourteen found themselves in an increasingly serious situation. The considerable number of young women whose preparation had been too poor to enable them to register in their own States had to give up offering themselves as graduate nurses or migrate to States where standards were lower, or lacking.

For some time Wichita Hospital, which then had the only training school in the town, had maintained a list of its graduates available for private duty. After a while the hospital register was opened to nurses from other schools who were willing to pay a fee to help maintain the service. Since it was the only organized register in Kansas, the Wichita



MRS. ALBERTA J. BAILEY  
*President 1924-27*



MRS. SYLVA TREAT HEATON  
*President 1928-29*



MRS. ANNE LEE WASHBON  
WICK  
*President 1929-31*



EDNA G. ELMORE  
*President 1931-33*

Hospital became a clearing-house of sorts for nurses in various parts of the State. Newcomers endeavoring to establish themselves in Kansas would immediately place themselves on the list. The hospital was thus placed in a position where it received complaints for unsatisfactory service and as they mounted graduates of its nursing school began to fear loss of prestige through the activity of the incompetents—not only from schools in other states but from some in Kansas, as each Kansas school was still a law unto itself.

That Wichita graduates should be especially concerned was natural for its training school belonged to the royal line, having been founded by a graduate of Illinois Training School, which in turn stemmed from Bellevue, established in the Nightingale tradition.

The Wichita graduates determined that the competent nurses must organize, as nurses in many of the older states had already done. Having limited time and means to promote a statewide association, they began with the Wichita Graduate Nurses' Association, under leadership of such women as Mary A. Butler, Isabelle Woodburn, Caroline Barkemeyer, and Alma Revelle O'Keefe who firmly believed in the value of their profession and were determined to protect it. It was to celebrate completion of the organization that Mrs. Baker and Miss Costin made their famous ride.

At the first meeting Isabelle Woodburn urged that the next step be state-wide organization, which would offer a means of promoting an act forcing registration, which would eliminate the unfit. She warned her colleagues that if they did not act quickly the State would have so many nurses who had been unable to register elsewhere that the qualified graduates would be outnumbered and even further handicapped in maintaining and raising professional standards. The idea was discussed at succeeding meetings, held weekly at the Wichita Hospital, and a campaign was planned. When Isabelle McIsaacs, veteran of similar campaigns in the East, was asked for her opinion on how long it would take to complete the state organization, she said three years. Kansas nurses completed the job in one—aided, however, by work previously done in other states and the advice and assistance of leaders in the field.

When the state organization was perfected in Philharmonic Hall in Wichita on February 8, 1912, it was named the Kansas State Association of Graduate Nurses. The word "graduate" was included to bar practical nurses on suggestion of Miss McIsaacs, who was present to assist the members in writing their constitution and starting the group on its way. Mrs. Alma O'Keefe became first president. Records are lacking on how standards for membership were set. It is remembered, however, that Caroline Barkemeyer, who became acting secretary, and Frieda Damm sent questionnaires to doctors throughout the State to discover the number and standards of hospitals in Kansas. It speaks for the period that this was the only way in which they could be discovered, anyone then being able to operate such an institution without supervision or accountability.

As the next step toward registration the nurses set out to win over the physicians and surgeons of the State. All of them had to be educated to the idea, a difficult problem particularly similar to that the competent members of the profession were facing in raising standards in their own fields. The nurses were canny, however. They asked the physicians and surgeons what their attitude would be if medical students and internes were allowed the same scope of practice as the man who had completed full and arduous training.

Many physicians accepted this argument but others, including a number whose own preparation for practice had not been the best, remained obstinately opposed to the measure. More than one used the argument that had been used against them when they were working for the licensing of physicians—it was a trick to raise the cost of nursing care. Even if a lot of the nurses didn't come from fancy schools they did fine work in many cases and it wasn't right to deprive people of their services. It was patiently explained that the good practical nurse would not be barred from practice—she would only be kept in the field to which her inadequate preparation limited her. The nurses cited numerous examples of bungling by badly trained women—the fatal results when people suffering from heart disease had been permitted to exert themselves, the serious mistakes in interpretation of medical orders on treatment and medication, and laxness that had produced wound infections, the near-fatal pneumonia of a prominent citizen contracted after a surgical operation through exposure to drafts.

The organization worked so efficiently that it was recognized by the State legislature in 1913 when the governor was authorized to appoint a board of examiners that would grant registration.

The president of the first board was H. A. Dykes, a physician, but the vice-president was Mrs. Mayme Conklin, and Mrs. Alma O'Keefe was the secretary-treasurer. The other members were Elizabeth Eason and Isabelle Woodburn, who resigned a month after the first meeting of the board, on July 1, 1913, and was succeeded by Kate Williams. Dr. Dykes was also president of the State Board of Medical Registration and Examination. The standards of the nurses on the board are indicated by the fact that Mrs. Conklin was a graduate of the training school at Christ's in Topeka, Mrs. O'Keefe of St. Joseph's in Kansas City, Missouri, Miss Eason of Asbury in Minneapolis, Minnesota, and Miss Woodburn of West Penn in Pittsburgh, Pennsylvania—all of them good schools.

The Kansas State Board for Examination and Registration of Nurses at first held examinations semi-annually, in May and December, for those who met the requirements on age, character, education, and graduation from accredited schools of nursing. The subjects covered were anatomy, physiology, hygiene, dietetics, nursing ethics, elementary bacteriology, urinalysis, materia medica, medical, surgical and gynecological nursing, obstetrics, diseases of the eye, ear, nose and throat, nursing of sick children, and contagious diseases.

The present custom of holding a third examination in August or September was begun in 1931. Examinations given in August 1938 introduced the objective type test which, it was believed, provided a more adequate sampling of the nurses' technical knowledge. In addition to the subjects previously covered the written examinations then included chemistry, hygiene and microbiology, history of nursing, nursing arts, medical nursing, psychology and psychiatry, orthopedics, and pediatrics.

Grading was established at the time on the percentage basis and by 1939 an average of 75 percent was required for registration, with no grade in any single subject below 65 percent.

The number of nurses registered annually, by examination and through reciprocity, has trebled since 1913. In all, eighty-seven training schools have been accredited but only thirty-nine have survived the stiffened standards for operation of hospitals and schools of nursing. Until 1921, young women who had merely completed grade school could be accepted by accredited schools, and from 1921 until 1933 only one year of high school was demanded by the board; since 1933, however, graduation from a standard high school, or its equivalent, has been the minimum. A survey of March 1, 1940, showed that three percent of the students had completed two or more years of college work and six students were graduates in science or the arts. Seven percent, or 112 of the total student body, had some credit for college work.

The educational qualifications of the faculties have also improved. Whereas science classes in the past were conducted by members of the medical staffs according to their own ability and standards, they are now taught by college-trained nurses and technicians. Twenty schools have instructors in science and the nursing arts who are registered nurses holding degrees as bachelors of art or science, and some of these also have masters' degrees. In thirty-one schools dietetics is taught by a registered dietitian or by a nurse with special training in home economics. At a meeting of the State Board for Examination and Registration of Nurses in July 1939, when plans were formulated for the revision of the rules and regulations governing schools of nursing in the State, it was recommended that provision be made for employment of inspectors.

When rules and regulations on registration were revised on January 24, 1940, it was required that the minimum staff of a training school consist of a superintendent of nurses, a nurse instructor, a science instructor, and a dietitian, all of whom should have completed at least two years of work in basic science or the liberal arts at an accredited college, in addition to professional training at an accredited school of nursing, or dietetics, or medicine, according to the requirements of the position. It was added that a hospital providing practical experience for a school of nursing should have enough registered graduates, in addition to the school faculty, to give adequate supervision at all times and that while such supervisors need not have had the two years of college work required of faculty members they should have had formal training in supervision.



HENRIETTA FROEHLKE  
*President 1933-35*



MRS. MARY C. BURE  
*President 1935-37*



IRMA L. LAW  
*President 1937-40*



SARAH E. ZELLER  
*President 1940-42*

The Board at this time was authorized to employ one or more inspectors, as recommended at the meeting held in July 1939. It is the duty of the inspector to make an annual inspection of each of the accredited schools of nursing in Kansas and as many follow-up visits as are needed. The inspector presents a detailed report to the Board concerning the equipment, courses of training, nature and extent of instructions provided, kind and type of records maintained, and other specific information that may be requested by the Board. Mrs. Dorothy Hartley Jackson, a graduate of Illinois Training School for Nurses, has been employed as Inspector of schools of Nursing and Educational Director since September 3, 1941. Mrs. Jackson, a native of the State, has held executive positions in schools of nursing at Salina and Emporia.

Now all accredited schools in the state provide a theoretical and practical course thirty-six months in length. A course in psychiatric nursing at Menninger Sanitarium in Topeka was approved for undergraduate affiliation in 1931 but it was replaced after a few years by a course to which only graduates were admitted. In 1938 the University of Kansas School of Nursing opened a post-graduate course in obstetrical nursing that has been approved.

Within the Kansas State Nurses' Association there are various subdivisions. In 1915 the Kansas State Organization for Public Health Nursing was formed. In 1932 it was made a separate organization in order to become a branch of the National Organization of Public Health Nurses but at the present time it also forms a section of the Kansas State Nurses' Association and holds its annual meeting during the convention of the Association.

A Private Duty Section of the State Association was formed in 1920 to promote the interests of members whose work did not lie in the specialized fields.

The superintendents of training schools, the nurse instructors, and others whose work was primarily educational formed the Kansas League of Nursing Education in 1924, with Ethel L. Hastings as the first president and Sister M. Gratiana, Cora A. Miller, and Bertha Baumgartner as directors. They send a delegate each year to the meeting of the parent body, the National League of Nursing Education, and their annual sessions include an institute in which women of prominence in nursing education participate.

At the end of the first year the Kansas State Nurses' Association's charter membership of 25 had increased to only 144. But by 1936 it had risen to 1,085, in 1937 to 1,280 and in 1940 to 1,717.

In addition to the statewide organization, there have been district groups since 1917, when Sister Catherine Voth urged this arrangement to enable more frequent gatherings of the members. Sister Catherine, the Mennonite colleague of Sister Frieda Kaufman, early assumed responsibility for the training of students in Bethel Deaconess Hospital at Newton. Later she went to Chicago to study laboratory and x-ray techniques. Throughout her life she continued to keep abreast of modern

Aug. 2, 1926

To the Nurses of Kansas

Dear Friends:

As I am facing an operation and the outcome looks doubtful, I feel as though I have reached a definite turning point in my professional career. My love for the great work of nursing and my respect for my co-workers of the K. S. N. A. prompt me to send you a few words of encouragement to "Carry on" the good work. Support the officers of the K. S. N. A., work towards higher standards by establishing a School of Nursing in K. U. or in some other School in the State, with the ultimate aim of better care for the sick of all classes of people. Let love for God and kindness to humanity prompt your efforts and you be a blessing to others and be blessed yourself. Thank you for all love and courtesy you have shown me. <sup>Sincerely yours,</sup> Sister Catherine

developments, not only for the sake of the hospital but also to enable her to promote nursing education. She was appointed a member of the State Board for Examination and Registration of Nurses in 1915 and four years later became its president, a position in which she continued until her death in 1926.

Her part in the improvement of standards of education in the schools of nursing of Kansas, and in organization of state association, brought her more than local recognition. She was a member of the board of directors of the American Nurses' Association and at its annual

convention outlined the plans she had helped to draw up for development of pre-nursing courses in Kansas, to enable students to enter the schools of nursing with more adequate general preparation and have more time during their work in the nursing schools for professional subjects. In recognition of her services the Kansas State Nurses' Association established a memorial to her in a form she would most appreciate—a rotating educational loan fund to enable graduates to gain advanced education.



SISTER CATHERINE VOTH

*President 1916-19*

*Elected Honorary President 1924*

While attainments of present-day graduates in Kansas are far beyond those of the pioneers, it was the pioneers who fought to make the advances possible. But the problems of training are not yet completely solved.

The solution of this problem of nursing education may be completely deferred by the war that reached America on December 7, 1941. On the other hand the emergency may help to provide some answers, for wars have played a highly important role in the history of nursing.

It is quite significant that in November 1940, more than a year before the open attack on the United States the three national nursing associations made plans with the United States Public Health Service for an inventory of nurses available for service if the war or other national emergency arrived. In other words the Federal health service remembered the experiences of 1917-20 and was determined that this time the civilian situation should not be forgotten.



CORA A. MILLER  
*Secretary-treasurer Kansas State  
Nurses' Registration Board  
Since 1928*

The secretary of the Kansas State Nurses Registration Board, Miss Cora A. Miller, was made a special agent of the United States Public Health Service to conduct the survey in the State. Of the 5,804 graduate nurses who were registered or had been registered or residing in Kansas, 82.5 per cent answered the questionnaire sent to them, making a higher percentage of returns than did nurses of any other states except Louisiana and Minnesota.

At the same time the Kansas State Nurses' Association began a campaign to increase the number of student nurses. Attractive posters were sent to the high schools and colleges of the state and articles were supplied to newspapers and other publications to give publicity to this field of service.

This time the association has faced the full implications of the situation and is strongly urging all public health nurses and instructors of

nursing to refrain from joining the military and Red Cross services. They are needed much more where they are, even though the home jobs will give them less excitement and recognition.

## CHAPTER XI

### *Two Days*

DECEMBER 1, 1892

12:01 *a. m.*

MISS BROWN, the night nurse, paused in her hurried round of duties to check up on routine midnight tasks. She consulted a scrap of paper she had tucked in her belt—the hospital did not keep records on the treatment of its patients and orders for medication were usually noted in a book kept in the superintendent's office. Miss Brown had glanced over them when coming on duty at seven and copied off reminders. Brown's Mixture for Mr. Bjorkman if he coughed, a quarter of morphine for Miss Gray if she was too restless, pulse and temperature every four hours on the fevers and the compound fracture case.

The floor was miraculously quiet, even the man with D. T.'s had made no sound for fifteen minutes. Miss Smith, the student nurse who was specializing Miss Gray, the rector's daughter, after her tumor operation, slipped out to empty an emesis basin. As she went back into the room Miss Gray's voice was heard: "Oh, quick!" There was a sound of gagging. Miss Brown frowned—the ether nausea should not continue so long.

She tiptoed down the carpeted hall, dimly lighted by oil-lamps that had been turned low. On one reflector she noted a finger-mark and rubbed it off with the towel in her hand. She listened at the door of Mrs. Adams, who was going home in the morning. That would leave a room in which the D. T. could be placed. It was bad having him in the ward. Mrs. Adams seemed to be asleep.

Miss Brown continued to the bath-room, which was used by both patients and staff and was also a service-room for bed-pans and similar articles. She began to clean the room vigorously, scouring the tin tub and toilet with soap. Miss Smith—training formality did not permit use of given names even off duty—Miss Smith had been careless in emptying the basin. Some of the contents had slopped on the floor. Well, probably she had been hurrying to get back and prevent an eruption on the bed clothes. No point in being nasty about it. Miss Brown cleaned the floor.

12:15 *a. m.*

The hand bell in Room 2 began an urgent tapping. Miss Brown dropped her scrubbing rag, ran water on her hands, dried them, started down the hall at a half run. That bell would waken every person in

the hospital. She closed the door quickly after entering Room 2, turned up the wick of the lamp on the dresser. Mary Clark, the fifteen-year-old typhoid, looked at her with frightened eyes. "I'm going to die. I tried to turn over and couldn't get my breath. And my heart, it nearly stopped. See my arm—it's thin like my brother's was just before he died."

Miss Brown gave a reassuring pat. "No, you're not. You're getting better. I'm going to take your temperature now and prove it to you." She went out, brought back a thermometer which she placed between lips that were cracked in spite of cleansing and oiling. She pulled a big watch from her apron pocket and counted the thin pulse. "Fine," she said. "You're just weak. No fever. The doctor will be giving you real food pretty soon and then you'll feel better. She noted that the pulse was very slow and temperature only ninety-seven. Well, that was as it should be after the crisis but she must make sure the girl did not chill. She brought a pitcher of warm water from the bucket in the bathroom, at the same time replacing the tepid water in the hot-water can that had been at Mary's feet. Turning the girl on her side, she swiftly sponged her back under protection of a towel, rubbed it with powder, pulled the wrinkled sheet smooth, turned Mary on her side, shook the pillows, and tucked them back at points that would support the thin little body and help prevent sores from developing in the places where the bones were close to the skin. Miss Brown looked at Mary's back with professional pride; in spite of involuntaries they had kept the skin whole. That one red spot—maybe another rubbing with castor oil was needed before she went off duty in the morning. A drink of water next. "Now, you're going to sleep. Here's the bell but you won't need it. I'll be slipping in and out to give you water if you're awake." The sick girl gave a faint drowsy smile.

12:40 *a. m.*

She heard a gagging again in Miss Gray's room. Hurriedly washing her hands at the basin in the bathroom—there was no hot water at that hour in the pipes—she went into Room 3. Miss Smith was patting her patient's shoulder. "Nearly over now," she was saying. "Nothing came up that time. Just take a few good long breaths to get the rest of the ether out of your lungs."

Miss Gray moved her head restlessly. "Oh, it hurts, it hurts to breathe." Miss Brown whispered, "If you want I'll get the hypo ready. Then you can run down and get a bite to eat." Miss Smith nodded.

Miss Brown went to the linen closet, which had one shelf holding bottles and boxes of drugs, took down a small alcohol lamp, lit it, took down a basin holding a freshly boiled hypodermic needle, dropped a tablet of morphine in a spoon with a few drops of water, and held the spoon over the flame until the tablet was dissolved. Practice told her just how much water was needed and enabled her to draw the solution up into the syringe without loss of a drop. She moistened a bit of cotton with disinfectant and carried it and the syringe to Miss Smith.

Miss Gray moaned when she saw the needle. "It will hurt. I'm afraid."

Miss Smith was cheerful. "Just a pin prick and then you'll feel better. You'll sleep." Miss Brown, who was less experienced, watched with admiration the skill with which Miss Smith picked up a fold of skin, thrust in the needle, and gently expelled the solution, without causing more than a wince from her patient.

"Before you go," whispered Miss Brown, as they stood outside the door, "let me go down to the ward door. That man with the D. T.'s—

She came back smiling but doubtful. "All quiet. I heard that man with the fractured leg moving but I didn't go in for fear I'd waken them all. Better hurry—I don't know how long the D. T. will be quiet. There's chocolate cake on the sideboard."

Miss Smith went back into Miss Gray's room for a final look at her patient.

1:00 *a. m.*

Miss Smith was at the head of the narrow back stairs leading down to the kitchen when she heard a noise that caused her to stop. Both nurses rushed to the front window. Rattling surrey wheels and clattering hoofs were nearing the front door of the hospital. Above them rose a shrill scream, repetition of the one that had caught their ears.

"Quick. Get Doctor." Miss Smith plunged headlong down the back stairs to reach the room where the physician, who was part owner of the institution, slept with his wife and a small son.

Miss Brown flew to open the front door. A frightened girl was preparing to knock as two men lifted from the carriage a second girl who was doubled over with pain. No physician was needed to diagnose the trouble; her figure was sufficient.

Even as she ran to the door Miss Brown considered available beds. Not one empty. A series of accidents among the construction crew on the new railroad had filled the place. Only one thing to do. Mrs. Adams would have to be wakened and placed on a cot in the doctor's office. Miss Smith had gone up to the second floor to waken Miss Bourne, the head nurse. In a minute she was back to assist in the hasty transfer of Mrs. Adams, who was not too pleased at being wakened. As soon as Miss Smith got Mrs. Adams off the bed, Miss Brown snatched up her sheets, flung them across Miss Smith's shoulder, shook out fresh sheets she had picked up on her way down the hall, tucked them under with practiced swoops, laid a pad on the bed, and went into the hall for the patient.

The head nurse helped take off the young woman's clothes, working between the patient's spasms of pain, then nodded to Miss Brown to indicate she could go back to care for the patients wakened by the racket. The student left regretfully. She did want to see the baby born. At the door she bumped against Dr. Brubaker who was buttoning his shirt as he entered. Another scream cut the air. The girl who had accompanied the patient burst into tears. She was standing in the

hall. "Will she be all right?" asked one of the young men who was shaking with fright. Miss Brown diagnosed him as the husband. She found chairs for them. The other young man asked, "Do you think Miss Lin—Daisy—will get through?" "Shut up, Ray," said the girl with fresh sobs.

1:25 *a. m.*

Miss Brown softly opened the door of Mary Clark's room. She had slept through the noise! Her breathing was shallow but regular. Miss Smith came out of the office, shaking her head. "That woman," she said in a whisper. "Of course it's not nice being moved in the night but you'd think she'd have some concern for somebody beside herself. Think I can get a bite now? Thank goodness the morphine worked before Miss Gray got excited too. She's sleeping."

Miss Brown nodded. A window scraped in the men's ward. Who, on a winter night . . . ? A bell in the ward began a frantic tapping. "Nurse, nurse."

Both nurses rushed in. The D. T. was at the window, one bare leg raised. "He's going to jump," cried the man with a broken leg, continuing to hammer his bell. The D. T. turned. Miss Brown rushed to him. He caught her shoulder, flung her to one side, raised his leg, and lunged. Miss Smith grabbed him by the other leg and the nurses fell to the floor with the patient. One of the visitors in the hall came to their assistance. He and the nurses put the delirious man back in bed, fastened him down with sheets. Miss Brown, her cap awry, ran into the room where the doctor was. The baby had already come. The doctor was tying the cord. The room smelled of chloroform used to ease the last pains. Miss Brown quickly explained about the D. T.

"Ask one of the young men to take the surrey and get the marshal. I told him he might have to help if we took that man in. Oh—tell the father he has a fine boy. And give that tramp some chloral."

The man who had helped tie up the D. T. hurried off on his errand.

1:45 *a. m.*

The D. T. was quiet. Mrs. Mack in Room 8 wanted a bed-pan. At the door of the bathroom Miss Brown almost collided with a tall thin man in a long flannel nightshirt. It was the new patient with nephritis. He gave her an embarrassed glare and hobbled hastily back to his room. After the bed-pan Mrs. Mack wanted another cover. And her back ached—couldn't it be rubbed?

Miss Brown's next stop was at the door of Room 7. She hoped the poor young man had slept through the commotion. That morphine at 11 should have carried him through three hours at least. He needed strength for the operation. If only there were some other way. The doctor had told the young man's parents it was the only way to save his life; the leg, crushed in the landslide, had to come off. But the young man wouldn't agree. He didn't want to live with one leg gone. Miss Brown heard him move and went in. His face was white in the lamp-

light. No, he was O. K. But if she had time to get him a drink . . . She did what she could to make him comfortable.

The doctor had come into the hall with the baby wrapped in a blanket. "You can see her in a few minutes when she's cleaned up. But look at this young fellow now. Fine a baby as I've ever seen."

"Is she really all right? I've got a job—in Denver. We'll be married right away. I didn't know or I'd have come back sooner." The doctor patted his shoulder.

"She was afraid to tell you," said the girl.

"Now, now," said the doctor. "You hold the baby till they call you in." He turned toward the backstairs, came back to look at the D. T., who had begun to mutter again.

"Better keep an eye on him till Dave comes. Tell Dave for me he'll have to stay with him till morning when we put him in Mrs. Adams' room. Oh, no we can't now. Well, we'll manage something else."

2:05 *a. m.*

The head nurse came out of the room of the new mother, her arms full of soiled linen, which she gave to Miss Brown. The student took it into the bathroom, put it into the tub, and started the cold water. In the hall again, she saw the new father and the girl walking toward the door. They were smiling happily.

Miss Brown went into the women's ward. Instantly there was a barrage of whispers. "A new baby, wasn't it? We knew when we heard her yell. Oh, nurse, could I have a bed pan?" From experience Miss Brown knew what that meant. Everyone else would want one too, remembering it, however, only after she had already gone to the bathroom. "How many others?" she asked.

2:20 *a. m.*

The marshal arrived grumbling but it had not occurred to him to disregard the doctor's order. Miss Brown found a comfortable chair for him and helped place it in the ward. A man in the early stages of typhoid asked timidly for a drink. The nurse gave him a quick back rubbing, filled his ice-bag, brought the water. Too bad he had to be in the same room with the D. T. She stopped by the man with the broken leg. Well, yes, he would be glad if she could shift him a bit. There were some wrinkles in the bed but he hadn't wanted to bother her when she was so busy.

Miss Brown remembered the water running in the tub. She dashed in. It had started to overflow. She plunged her arm down into the reddening water to pull out the plug and went back to the linen closet for the mop. As she dried the floor and plunged the sheets up and down in the tub she wondered why on earth she had ever wanted to be a nurse. The wet sheets had to be carried to the basement kitchen for boiling. At the head of the stairs was a stray cat rescued the week before by the Negro cook. That was the third time tonight it had come up. It had no business in the hospital, anywhere. She kicked it downstairs.

3:00 *a. m.*

Quiet. Now she must sort that linen she had ironed earlier in the evening and put it on the shelves. Miss Smith appeared in the doorway. "That was good cake. I brought you up a little bit. Here, nobody will see."

"My hands are dirty."

"I'll hold it. Watch out—let me get a paper to catch the crumbs. I'm going to try to get some sleep now. Goodness knows if I don't I'll never be able to keep awake tomorrow in class."

There was a darting shadow at their feet. The cook's cat had landed on the clean linen. Miss Smith, jumping back, spilled the crumbs of chocolate icing. One made a brown blob on a sheet. The girls looked at one another, then at the half-filled bottle of chloroform that had been brought back to the closet. Miss Smith seized the cat, Miss Brown the chloroform. The cat started to miaow. Miss Smith caught it tight in her apron and hurried down the stairs. In the pantry was a tight empty box. In no time they were back upstairs, with a nearly empty bottle.

3:20 *a. m.*

The baby that had sores on its back was whimpering. Miss Brown took it into the bathroom to put on a new dressing. Then rounds again. Everyone asleep, including the marshal. Miss Brown mopped the matting on the hall floor. Better take another look at the new mother and baby. No bleeding. The baby seemed to be having trouble breathing—mucous. She turned him across her knee, thumped his back. Ah, that did it.

"Is he all right?" asked the girl anxiously.

Miss Brown nodded, smiled, and lowered the light.

4:00 *a. m.*

A tinkle from Room 5. "Nurse, I'm having pains. I'm sure my baby's coming. I'm going to lose it." Mrs. Grewer was in for care of a badly infected finger. Her baby wasn't due for four months. It was her first and she was always imagining new troubles. Where were the pains? She pointed to a spot near her heart. "Oh, that isn't where you get the pains. Probably the cabbage for supper." Miss Brown gave her some baking soda in water. Yes, maybe that was it.

4:10 *a. m.*

She would sit down for just a minute. Her feet burned and ached. Peering out of the window, Miss Brown could see a single light across the snow. Who was up at that hour? And why wasn't she herself at home in bed? What on earth had made her take up work like this?

"Work, work, work. . . ."

She might as well be one of those seamstresses. At least sewing shirts was clean. Would she ever again be able to go to bed with a reasonable assurance she wouldn't have to get up for eight hours at least? To be in bed at night!

Oh dear, the hospital was certainly cold. The furnace must have died down again. Pulling herself wearily out of the chair Miss Brown

went to the cellar, avoiding the step that creaked so loudly. Then she remembered the box in the pantry. No sound from it. She opened it a crack. The cat was dead. She took box and cat into the furnace-room, threw them on the bed of coals, shoveled two scoops of coal on top of them.

4:25 *a. m.*

A bit late for the temperatures and the four o'clock medicines, but sleep was more important to the patients than regular medication, or having their temperatures taken. She would put the operating instruments in the fish kettle and start the two-hour boiling. As she took up the knives she felt a pang. They were to cut off the young man's leg. No use thinking about it; you couldn't stand it if you began to share everybody's troubles.

Some hot coffee would help. Only take a minute to make it.

5:10 *a. m.*

Time to get out some of the other supplies for the operation. On the way she stopped to look at the new mother and baby. Everything serene. Better take the pulse of the typhoid again. It had seemed too slow the last time. Could it be that internal bleeding had been started by excitement over the D. T.? The marshal woke with a jerk, bumping the bed of the D. T., who started to roll and mutter again. "Let me know if he begins to get too restless," the nurse whispered. "We can give him some more medicine. It's bad for his heart to keep moving all the time." The typhoid was asleep and she merely listened to his breathing, without taking his pulse. Funny how the typhoids smelled. There was never any mistake about what the trouble was, once they really had it.

6:00 *a. m.*

The nurse who had charge of the operating room came down sleepily to start washing the walls and skylight. "There's a pot of coffee on the stove." "Thank goodness. I thought I'd never be able to crawl out."

All hands and faces were to be washed, except those of patients critically ill and still asleep. Miss Brown went to the basement for two pails of hot water. She sniffed. Was there or wasn't there a smell of burning cat?

She hesitated before entering the room of the boy who was fighting to keep his leg. Pretend he was asleep? But she could hear his bed creak. Might help him to have someone to talk to. Anyway his temperature must be taken.

"Well," he greeted her belligerently, "what do I get for breakfast?" He knew that people who had operations weren't given breakfast.

"I don't know. I'm just the night nurse." Let him play his game as long as he could.

Then she noted that his face was flushed and more drawn with pain than when she had seen him before.

"How do you feel?"

"Fine. Why not?"

She was counting his pulse and did not answer. From her face he could not guess her uneasiness. Surely his pulse had gone up more than it should. She did not glance at the thermometer before leaving the room. Outside the door she looked at it quickly. 103.6 degrees. It had been only 99.2 degrees at midnight. What did it mean?

Should she wait till Doctor was up or should she tell him? Was she just being alarmed over nothing? Never mind. Better be too anxious than put the nice boy in danger. Oh gracious, why had she not taken that temperature at 4 o'clock. She ran down the steps to the basement and crossed to Doctor's room. Mrs. Brubaker's voice answered her tap. Miss Brown explained her problem through the door. In a minute she heard Doctor say quickly, "I'll be there in a minute."

He must have pulled on his trousers and coat with the same movement for he was immediately behind her at the head of the stairs. She followed him into the young man's room. He pulled back the covers and loosened the upper bandages. Miss Brown turned her head away as he examined the veins in the groin. In a moment he laid the covers back in place.

"Son, there's no time to waste now. This is coming off as fast as I can get you into the operating room. It's that or your life." His voice was brusque. The boy's eyes widened with fear.

In the hall Doctor said, "Tell them to get ready quick! It's blood poisoning."

She ran to the operating room with tears in her eyes. He had been so brutal. As she sniffed away the tears she smelled frying bacon.

7:00 *a. m.*

No going off duty yet. The day nurses were helping in the operating room or assembling supplies not yet ready when the young man, grim-faced and stiff-lipped, was carried into the operating room. One was making up his bed and filling hot water cans to keep it warm.

Miss Smith, who had been dozing on her cot, came out to lend a hand in answering the flurry of bells as patients heard the excitement and thought up excuses to discover what it was all about. Miss Gray, fortunately, was sleeping peacefully.

7:30 *a. m.*

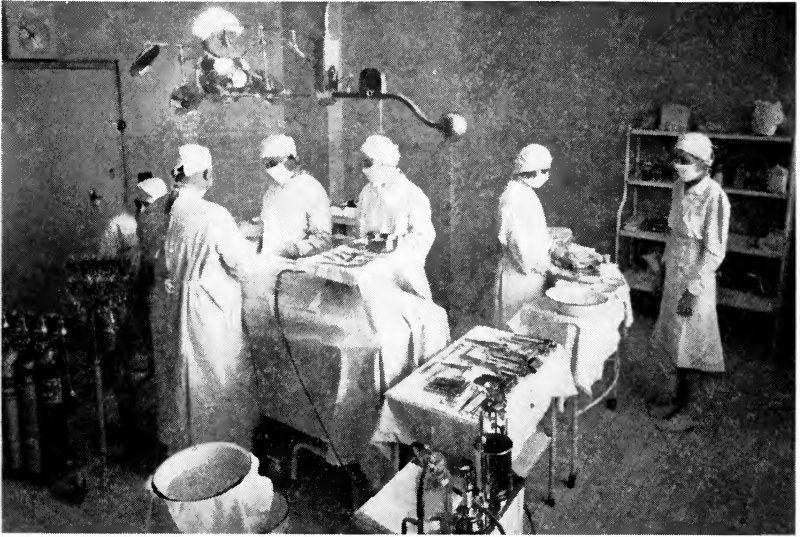
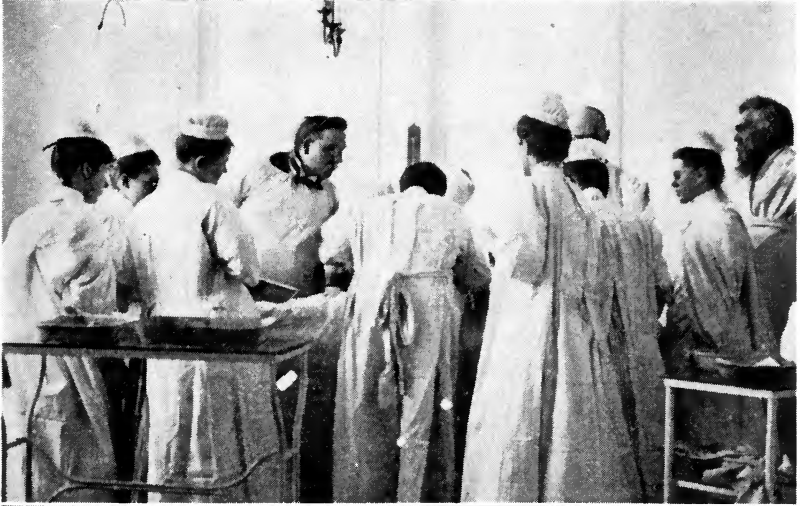
The head nurse, going between the bathroom and the operating room, said, "Better try to get their breakfasts. Miss Dean can help in a few minutes. Tell Julia she must help."

Miss Brown went down to the basement. Not even the trays were ready. Black Julia was holding up the fringe on the couch and calling "Kitty, kitty."

"We're to get the trays upstairs right away."

Julia sniffed, "Ah want dat cat. Ain't luck to eat 'fo' her."

The crisis required diplomacy but somehow the cook was persuaded to give up her search. Miss Brown flung forks and spoons and cups on the trays, cut thick slices of home-made bread, and chunks of home-made butter contributed by former patients who could not pay cash.



SURGERY THEN AND NOW

*Above*—WICHITA HOSPITAL, 1898

*Below*—CUSHING MEMORIAL HOSPITAL, LEAVENWORTH, 1941

Julia ladled out the oatmeal she had cooked the night before. Miss Dean arrived in time to add stewed peaches. Together they carried the trays upstairs, one at a time. Miss Brown had forgotten her aching feet, for her mind was in the room from which when the door was opened came blasts of ether and carbolic acid.

8:15 *a. m.*

The young man was back in his room and the doctor was with him, his face set and anxious. Someone had run down the street to call the patient's parents. They were in the hall, the mother weeping.

Two of the day-nurses were cleaning the operating room. The hospital's lone bathtub was filled with bloody sheets and bandages. One nurse was trying to keep the edges of her skirts clean as she wiped up the floor. The other came out and went down the steps carrying a long bundle. Miss Brown turned her head away and began to cry.

The head nurse saw her. "You can go get your breakfast now, Miss Brown. I think we can manage. Tell Julia she'd better get Doctor's breakfast. I'll try to get him down soon. Oh, will you ask Julia to send Homer as soon as he comes in to Mrs. Adams' family and tell them we'd like to have them send men in to carry her home on the cot. We must have the office clear before patients begin to arrive."

8:45 *a. m.*

Miss Brown was trying to eat when the doctor came in from his bedroom. He had put on a shirt and stiff collar. His beard made shaving unnecessary. As he sat down heavily his wife hurried to the kitchen for oatmeal, ham and eggs, and coffee. She was going to ask him about the young man when the head nurse came in carrying a plate with her breakfast. "I'll only stay down a minute," she said anxiously. "I must get the girls down before we have more trouble."

"Julia's worried about her cat!" said Mrs. Brubaker. "She can't find him and I can't get her to work till she does. I wish I dared discharge her but it's so hard to get help."

Miss Brown's conscience became even more uncomfortable, but her misery overflowed when the doctor said, "I wish I'd caught that leg sooner. But his temperature was down when I went in after midnight."

"I didn't take it at four. He seemed asleep. I didn't know it was so important."

Dr. Brubaker shook his head. "I forgot to tell you to watch it closely. But probably two hours wouldn't have made much difference."

9:10 *a. m.*

Miss Brown dragged up to the second floor where she shared a bed with Miss Dean, who was on day duty. She started to sit down to unbutton her shoes when she remembered she had forgotten to ask about class. If Doctor was going to take the 4 o'clock up to Kansas City to that medical meeting he would have to give it earlier than scheduled—not later than half past two. She went down to the main floor. Miss Dean didn't know. Miss Bourne? She was in with the young man.

Miss Brown was wondering whether she could walk in and ask her a question when the door opened quickly.

"Get Doctor. Quick, Miss Brown."

9:50 *a. m.*

Miss Brown was in bed at last. Even her heavy flannelette night gown did not make her feel warm. There was no heat in the chilly little room. But the chattering of her teeth came from nerves as much as cold. The boy had gone. Just like that. Never even wakened again. Was she to blame on that temperature? If only someone had told her what to watch for.

1:00 *p. m.*

"Oh, I'm sorry. I didn't mean to waken you." It was Miss Dean. "Doctor's had a telegram. A doctor at Grummond wants him to come right away. There's a man with a kidney stone. He's got to be operated on at once. I'm going with him to give the anesthetic and help him."

"Then there won't be any class. But that means he'll miss his meeting in Kansas City. He was counting on it so much."

Miss Dean pulled her coat on quickly. "I don't think he cares now. He took that operation very hard—the boy's dying that way. But there's going to be a class. Mrs. Brubaker said she'd give the class in nursing ethics instead of Doctor's physiology."

"Oh dear! When?"

"Same hour. Three. Well, good bye. I'm so excited I got to go with him."

2:45 *p. m.*

"Time for class."

Miss Brown rolled over with a moan, then sat up and reached for her stockings. It had taken more than half an hour to go back to sleep after Miss Dean left. She dashed cold water over her face from the pitcher on the wash stand, got into the cold uniform, and went down to the basement dining-room where classes were held. She was almost at the door when she decided she was hungry. The coast to the pantry was clear. On the shelf were the remnants of last night's beef stew in a big iron kettle. She tore off a piece of meat—no time to find a knife—and ate it hastily with some crackers from a big tin box. Her handkerchief served as a napkin.

By the time she got into the dining-room Mrs. Brubaker and five of the students—all that could be spared at the moment—were at hand.

3:15 *p. m.*

Miss Brown found her eyes dropping shut. The heat of the big iron stove—if only there were one like it in her room!

"And now I will question you young women on the last lesson. Miss Brown, what should a nurse's relations with her patient be?"

Someway she managed to drag out an answer. "She should respect all confidences given in the sickroom. She should always be sympathetic

and dignified. Uh . . ." She suddenly remembered sprawling on the floor with the D. T.

Fortunately, Mrs. Brubaker was not an exacting teacher. She turned to Miss Smith. "What should the attitude of the nurse be toward the physician?"

Miss Brown pinched her wrist to keep from dozing.

"You know," said Mrs. Brubaker wistfully. "You young ladies are to be envied. If I were younger, and didn't have a family to care for, I would enter training, too. It's a wonderful thing to be able to learn how to help and save people. Some day you may be running hospitals, every one of you. War, accidents, sickness in your family—everything, you'll be ready. When I think of how my mother died of typhoid and we didn't know any better than to give her grapes when she wanted them."

Miss Brown found she was awake again. "Grapes!" she said aloud.

"Yes, grapes. And that was only one of the awful things we did. When my uncle cut his leg with an axe we let him almost bleed to death because we didn't know how to stop the blood. Think how much you young ladies will be able to teach people. Doctor and I will be so proud when you go out in your white dresses—everyone of you responsible for lives that mean a lot to other people. Doctor believes that some day there'll be enough trained nurses to take care of everybody that's sick—and enough hospitals, too,—good ones. But they can't have the hospitals, sick people can't be properly cared for till we have the nurses. You are the Kansas pioneers. Doctor believes you are more important than the doctors."

Miss Brown forgot how tired she was. It was true. They were doing things that counted. She remembered the night she had sat rubbing the big man from the camp—the one that had the bad pneumonia and was already blue in the face. Doctor had said the only chance was to keep on rubbing him and making him drink water. Then just before morning he had suddenly begun to breathe easily and his temperature had dropped way down. Doctor had told her what to do when the crisis came—keep him warm, give him hot coffee. And she had done it. Miss Brown also remembered the look on his wife's face when she came in two days later, summoned from the East. "Jim, Jim, what would we have done without you."

Miss Brown lingered behind when the other students left. She confessed what had happened to the cat. "He was in such dirty places and then on the clean sheets." Mrs. Brubaker nodded. "It doesn't matter. Doctor said only yesterday that it was dangerous to have him around." But the cat was only part of her troubles. Why hadn't she known that temperature was very important with an infected leg? She'd never forget that lesson.

4:30 p. m.

Miss Brown lay huddled in her blankets with the big yellow calf-bound *Anatomy and Physiology* from Doctor's library. She could not

go back to sleep. The last part of the class had stirred her too thoroughly. Anyway, she had to find time for some studying. Maybe she could find out why the young man had died. Would that be under "The Circulatory System?"

5:30 *p. m.*

She was dozing off over the big volume when Miss Bourne came in. "I had to change my apron. Such a mess. So I thought I'd bring you a pitcher of hot water."

"What happened? Your apron is awful. You'll never be able to rub it clean."

"A man brought in all crushed when a wagon of coal spilled on him. Poor fellow. I was helping put him to bed. Do you know, sick as he is, he wanted us to go out and let him try to take off his own clothes."

"Can he wait till Doctor gets back—we would have an accident with him gone."

"No, and we can't locate Dr. Bumber. He's out in the country on a typhoid. Well, I'm running. No afternoon backs washed yet."

6:30 *p. m.*

Miss Brown was at the table with Mrs. Brubaker and Miss Tider, the operating room nurse. In Doctor's absence his wife said grace. Miss Tider said the D. T. had been quiet until they began to put his clothes on for departure to the asylum. Then he was awful. Fortunately the deputy marshal, sent for the day, was strong. The new man—well, she'd put the instruments on to boil and the operating room was ready. Doctor might be back before Dr. Bumber. On the evening train. And he'd certainly have to operate.

Mrs. Brubaker wondered if there wouldn't be time for Doctor to get just a bite to eat somewhere. She'd send the carriage to the station and have everything hot. He had to keep up his strength. He'd felt so terribly about losing the boy in the morning. Maybe he would get a bit of sleep on the train.

6:50 *p. m.*

Still ten minutes before she had to be on duty but Miss Brown wanted to know how the new man was. She went up to the first floor. On the way Miss Tider whispered, "Just my luck. I was going to go to prayer-meeting with my cousin."

Miss Brown looked worried. "You'd better watch out. It would be awful to get fired. I think Mrs. Brubaker is beginning to smell a rat. Somebody must have told her how Mr. Brummer walks home with you after meeting."

Miss Tider was defiant. "Elsie was along. I can't see why just because we're nurses Mrs. B. and Miss Bourne have a fit if we even speak to a man."

Miss Brown said doubtfully, "They want people to respect us."

"I don't see—Oh well, if I don't go to prayer-meeting we may get through in time so I can wash my hair. Sometimes I think I'll cut it off to the waist so it won't take so long to dry."

7:30 *p. m.*

The sick man had begun to groan and it was upsetting the other patients. Miss Bourne was hesitating about giving morphine though she was sure Doctor would want her to. Only fifteen minutes to train time. Miss Brown had visited each patient in turn. The new mother was so absorbed in her baby she did not ask Miss Brown about the rushing around outside. Miss Gray was moaning about gas pains—funny how women always seemed to mind them more than men. Mary Clark looked better. "I had flour in my broth today. Doctor says if I'm good I can have butter-milk tomorrow." Mrs. Mack wanted to know if it was true that the woman who had the baby in the night wasn't married. Miss Brown wondered who had let that slip. "Why," she said, "how silly. Her husband brought her in." One had to observe nursing ethics.

Miss Bourne came out of the new man's room. "I'm going to take a chance on it. I'm sure Doctor'd want me to keep him quiet and he's begun to move around—the pain's so bad."

9:30 *p. m.*

Miss Tider was carrying bloody dressings and sheets from the operating room. "Doctor did a wonderful job. I'm going to have to stay on and special him out of the ether. Miss Bourne said to get the operating room clean first in case we get another emergency. Two amputations in one day—that's a record."

Miss Brown winced. "Another leg?"

"No, just an arm. Doctor wasn't taking any chances this time. He looks all done up."

Miss Brown went down the hall, turning the wick low in front of each bright reflector. She wasn't as tired as in the afternoon but she would like to have an easy night. Only one thing she'd like to have happen. Another baby. If only she hadn't had to miss that one last night. So little chance of seeing a baby come in a hospital. Maybe when she graduated she could get some baby cases. But she wanted experience in a hospital first.

10:00 *p. m.*

She went into the men's ward to see that the typhoid was all right. Doctor had warned this was the time to watch for hemorrhages. She hated to turn up the lamp and disturb the other patients but she just had to watch the man's face for signs. No—everything seemed all right. "Don't do any more moving around than you can help," she warned in a whisper. "Call me if you want to turn. "It's—well, under my back it hurts." "I'll rub it and straighten the sheet. Oh, what are these crumbs doing in here?"

The sick man looked embarrassed. "My wife, she thinks I don't get fed enough to keep up my strength. I—she brought me some bread and cabbage tonight."

Miss Brown nearly fainted with horror. "Oh, dear. That was awful. I must tell the head nurse."

11:00 *p. m.*

Miss Brown laid down the mop to answer a tinkle from the direction of Mary's room. Yes, it was Mary. "I don't feel so good, I—." Miss Brown felt her pulse, rubbed her back, tucked the pillows into a new position. "Now be a good girl and go to sleep." She patted her patient's shoulder. "You're fine. I think you just wanted company." For the first time she saw a faint shy smile on Mary's face. "You're so good," she apologized.

Miss Brown took up the mop again with a happier look.

11:55 *p. m.*

Tonight temperatures were going to be taken promptly even if it did start a round of calls for bedpans and water. Everything, she thought, looked very trim and neat. She would start with the men's ward.

There was a clatter of surrey wheels and horse's hoofs. They were approaching the front door.

DECEMBER 1, 1941

12:01 *a. m.*

Miss Moore, a blue-clad student nurse, went into Room 127 to take a midnight temperature. Mr. Williams had had another sulfa dose in the afternoon; his chart indicated that the pneumonia was well under control but he still needed careful watching. She carried her flashlight with her so there would be no need of turning on the brighter bedside light. The patient accepted the thermometer drowsily. Pulse very good. Temperature only 99.5 degrees. She straightened his sheet, rearranged the pillows, poured water from the thermos flask, and offered it through a glass tube. After washing her hands at the basin in the room, Miss Moore went back to the desk to record temperature, pulse, and care.

Miss Roseberg, the graduate floor supervisor, was examining the charts of the patients. She had had a report on each when she came on duty at 11 p. m. but she always studied the full record after she made the first rounds.

As Miss Moore added her notes she remarked, "It is really quite wonderful how 127 is coming along. When they brought him in three nights ago I thought he would be dead before evening."

Miss Roseberg nodded. "You haven't been long enough in training to remember how they did die before this treatment was found." She adjusted the shade of the fluorescent light on her desk. "I wonder if they've used it on typhoids."

Miss Moore said wistfully, "I'd love to see a typhoid. They must have taken real nursing."

"I've seen only a few, and taken care of one. Oh, there's a light. The kidney stone in 133."

12:40 a. m.

Miss Moore returned through the dim immaculate hall. She was triumphant as she picked up the chart for the patient in Room 133. "She voided it. It's big. I've put it away for the doctor, put the specimen in a bottle, and rubbed her down. She was sweating heavily but she's ready to sleep, I think, without a hypo."

"Good. I hope they find the kidney wasn't much injured. If only she'd come in before the stone was so well lodged. Dr. Hodge is very skillful. You should have seen him work that tube into the ureter and expand the walls with water after he located the stone with the x-ray. Will you relieve Mrs. Wilson for fifteen minutes so she can get some coffee. She's been working very hard with that uremic. Hot packs, hot water, injections. He still doesn't sweat very much and he's near coma. Ring at once if there is any change while she is gone."

On her way to relieve the special Miss Moore passed another who was carrying a bedpan with a specimen of stool that had to be preserved for analysis—amoebic dysentery was suspected, according to Miss Roseberg.

Mrs. Wilson whispered directions outside the door. "I think it's safe to leave for a few minutes. He needs a bit of rest. I'm doing twelve hours. Dr. Homer is much concerned about this man—he couldn't find a third nurse who understands his technique; the shortage is getting really bad. I don't know what will happen if war comes."

Miss Moore went into the dimly lighted sickroom. A big man was muttering restlessly. Mrs. Wilson had told her just to sit near and watch. She sniffed the air. Yes, there was a faint sweetish smell. During the second three-months of classwork Dr. Houston had given a special lecture on nephritis and uremia. She went over the points he had made on symptoms, diagnosis, treatments, prognosis. The sick man rolled his head, opened his eyes, and looked at her. Without speaking she offered him water. "No, I've had too much."

"Please, just a little more."

He sipped obediently, stopped, drew up another tablespoonful, then turned his head away. Miss Moore noted on the chart, "12:52" and under the column headed "Liquids" she wrote "water 1 oz." Since the patient seemed to have gone to sleep she began to read the chart—first the patient's medical history written by the interne, the reports on current physical findings, the physician's diagnosis, the minute by minute record of what had been done for the sick man. Everything in the history and treatment followed what Dr. Houston had called the classical picture of the disease.

1:30 a. m.

The heart case in 142 had turned on his light. He wanted a drink of water. "Can I do anything else?" The thin middle-aged man looked at her uncertainly. "Would they mind if you just stayed a couple of minutes without doing anything? The nights are so long. When the light is out I get to thinking. I know I'm not going to get well again . . ."

"Oh, you mustn't think that. Doctors do surprising things these days and people who have heart trouble and learn how to take care of it often live longer than people who haven't the handicap. You make up your mind you're going to get well and you will."

"What's the use? My wife is dead, my children have married and are living abroad. I'm no use in the world."

"Why aren't you of use? Aren't you a research chemist?"

"Yes, but I haven't the strength to finish the big job I wanted to do. I had to let another man take it over."

"What was it about?"

"For ten years I've been trying to find a way to mill fine flour without loss of the vitamins." He began to explain his difficulties. Miss Moore, who had taken considerable work in food chemistry, was able to ask intelligent questions. The sick man's eyes brightened as he talked. Then Miss Moore said, "Enough. You mustn't talk so much that you can't get back to sleep."

The man nodded. "Right. And thanks. But talking helped. It made me remember there is a world outside this room."



DIETETIC LABORATORY, BETHANY HOSPITAL, KANSAS CITY

1:50 a. m.

Miss Roseberg picked up the desk phone, which had sounded with a muted click. "Very well." She went to the closet where Miss Moore was checking the supplies and listing what was needed in the morning. "They've had several emergencies in tonight and since we're quiet down here the office wants to use you as relief. Will you go up to second."

The second floor was used entirely for surgical cases. It had already over-flowed to the medical floor. The supervisor, who was hurrying down the hall, said, "Lights, please."

Miss Moore went first into 214. A boy in a fracture bed, his leg suspended from a frame, was weeping. "I want to get out of this hos-

pital. My leg hurts. I want . . ." Miss Moore examined the frame and the bandages to make sure he had not displaced anything, brushed the sheet smooth under him, brought a glass of warm chocolate milk with a sedative that the supervisor said was due.

In the hall again, she met a special who asked assistance. "My patient is big and the cardiograph shows his heart is still so bad we don't dare allow him to lift a finger. They operated for a perforated stomach ulcer."

Carefully they replaced a wet sheet, shifted the sick man to a fresh position.

2:20 *a. m.*

The supervisor explained. "A dreadful accident. A wedding party skidded and ran into cars going in the other direction. The groom has only a broken shoulder, but the girl is unconscious—pelvic fractures. They're taking x-rays. The others have just been brought in—older woman suffering with shock but the husband seems to be dead. A heart case we had here before. The doctor's trying oxygen, adrenalin . . ." She broke off to hurry down the hall as a door opened and the doctor came out.

"Just a faint beat," Miss Moore heard the surgeon say as she passed to answer another light. A woman had rung. "Nurse, look at my back. I'm sure something's wrong. It burns so." The nurse patiently examined the spot, found nothing, rubbed the spot with alcohol, brought water and a bed pan. The woman was only a post-appendectomy and nearly ready to go home.

3:00 *a. m.*

"Will you fix the bed in Room 220 for a post-op. They decided the fractured pelvis had to be immobilized at once. Poor girl. It's bad. They'll get a fracture bed in there tomorrow—none vacant up here just now."

Miss Moore had never prepared a bed for such a case but she had no doubt about what she should do. She and her fellow students had been carefully drilled in all kinds of bed-making and bedside techniques before they began work in the hospital.

3:15 *a. m.*

"They would like to have you go up to orthopedic to relieve while the nurse has morning coffee."

Miss Moore took the elevator to the top floor. Mrs. Wills said, "They're all quiet tonight. Nothing serious on hand. Only Timmy having nightmares. I think he ate something that disagrees with him. Or maybe he's worrying about this next operation. Poor kid."

Everyone knew Timmy. Four years before roaring flames had seared a third of his flesh. That he had lived at all was a marvel. It was slow work getting flesh to grow again and scarred muscles to function. His cheerfulness in spite of the painful skin-graftings had become widely known. The firemen of his home town had adopted him

as a special protege and provided him with badges and a whistle that were his delight.

Miss Moore wandered down to the spacious sun parlor, which by day is both play-room and class-room for the children who must spend months, even years, in the hospital before they can walk again. The full book cases, maps, tools for leatherwork and basketry, the big revolving globe—all were faintly visible in the dim quiet space. Miss Moore half stumbled over a low table but caught it and the box on it before they upset. Martha's marbles—they'd have made a great clatter. She must have slipped in to play with them after the sun-parlor was cleared. Well, it was a sign of improvement. Before they began the thyroid and pituitary treatment she had been a sluggish vacant-faced little thing well below normal size for her age. Now she was beginning to grow and her mind was so much brighter. She was one child whose mother would be glad when she showed signs of energetic mischief.

A light went on down the corridor. It was over the door to Timmy's room. "It—the wind. It roars." Not stomach-ache then but the old fear; after all he'd been very small when those dreadful flames wakened him. Perhaps they would some time be able to give him a pleasanter memory of wind. Miss Moore smiled. "Now I like the wind when it roars. Do you know what it makes me remember? When I was little my father gave me a horse and taught me to ride. Every afternoon—late—I'd go for a long run round the ranch. I loved it especially when the wind came up and blew my hair back. It made me feel I was flying. Wind is good, Timmy. Without it the boats couldn't sail and seed wouldn't be scattered. Remember how good it is in the summer on the hot days."

"Ain't you ever afraid of it?"

"Oh, no, I love it. You will, too, when you get well and take that ride in a plane. Why, without some wind the planes would have an awful time getting into the air and landing."

"Did you ever fly?"

"Lots of times."

After a while Miss Moore went back to the sun-parlor. Everything was quiet outside. The only sign of life was one glowing window on the contagious floor in the wing.

4:00 *a. m.*

Miss Roseberg had just told her she could go down for coffee when the phone rang.

"There's an unusual emergency operation on. Any of the students who can be spared may go to the operating room. It's a caesarian. The mother is dying—she was in a fire."

When Miss Roseberg released her Miss Moore did not even wait for the elevator. It took too long to start. She climbed two steps at a time. In the little hall by the operating room she was handed a white gown. "Stand in there at the far corner." She joined a small group of students

who were craning their necks to see around the swiftly moving surgeon, internes, and nurses. "She's dead already," whispered a student. The woman's body, on an operating table, was covered with a huge sheet in which there was an opening at the point where it crossed the abdomen. The surgeon was cutting through the layers of flesh and muscles. A large purple mound was exposed. Fresh knives. A long, quick incision. A glimmer of shining membrane. The surgeon plunged both hands into the body and lifted out a thin balloon filled with fluid in which a tiny baby was curled up. Another shining flash and colorless liquid flooded the field and splashed over the surgeon. Someone caught the baby by the heels, gave a quick pat to its back. Bodies closed around the table. The students could not see what happened next. Then a tiny, indignant wail broke the tense quiet of the room. Miss Moore felt tears jump to her eyes.

The supervisor of the operating room motioned the students toward the door. They trailed out reluctantly, craning their heads for a glimpse of the baby. The supervisor, usually a stern quiet woman, started toward the opposite door with beaming face bent over a little bundle.

Outside the students stopped and looked at one another. Someone drew a long breath. They silently separated with smiles.

4:30 a. m.

Miss Moore slipped into Room 104 to remove the thermos flask of water. Mrs. Fulton was to be operated on at eight. She had been in the hospital for three weeks, during which she had had elaborate chemical and other physical tests and treatments for an infected gall-bladder. The students had been following each stage of the case with close attention. Miss Moore regretted that she was on night duty and had not been able to participate in the processes. The day nurses had also carried out all preparations for the operation, shaving the area where the incision would be made, cleaning it with disinfectants, and covering it with a sterile towel. Mrs. Fulton did not waken.

At the door of Room 125 a special stood in the door-way. "Will you stay here a moment till I go to the bathroom? Just to make sure he doesn't stop the oxygen with his arm. He's asleep and much better since the last sulfa was given."

Miss Moore stood for a few minutes watching the sick man, only a few days before near death from pneumonia. Tubes from an oxygen tank led to his nose. One hand moved but did not disturb the tubes.

Next there were several lights to be answered—bed-pans, water, another cover, a hot water bag. Miss Moore went into the Men's Ward to get an ice-bag that had to be refilled at regular intervals. In the service room a special on the same errand remarked between yawns, "Did you know that at some of the big new hospitals they're now having all icebags filled on order at one place in the basement and sent up by dumb-waiter—just like the hypos and other medications?"

"Really? How convenient! But—how do students there get the practice they need for work outside the hospitals?" The special shrugged.

"Me for the hospitals with all the conveniences." Miss Moore did not answer. Her goal was visiting nursing and she knew that the modern gadgets and equipment of the hospital were entirely lacking in most homes.

5:00 *a. m.*

"Six babies in O. B. last night," said Miss Roseberg. "Will you give Mrs. Morton a quarter of morphine? There's an order for a repeat if necessary and she's had none since midnight. That retching will tear her stitches—it should not keep up so long. Nothing to indicate any reason for it except that she's awake and remembers she did that the last time she was operated. I've tried to explain to her that with the rectal anesthesia she had only whiffs of ether in the last stages."

6:10 *a. m.*

The scrub-women were mopping the halls and cleaning the toilets and service-room. An aid was changing the water in the vases of flowers that had stood out in the corridor during the night. Through the window by the elevator lights could be seen popping on all over the nurses' home. The round of morning chores continued all over the hospital. Passing the elevator Miss Moore heard a faint chorus of wails as babies on fourth were carried to their mothers for their first meal of the day.

6:35 *a. m.*

"Miss Moore, fill hot water bags and fix the bed in 102. An emergency on the way up—ruptured appendix—for immediate operation." Miss Roseberg hurried to get a razor and other equipment to give whatever preparation possible before the patient was sent to the operating room. Five minutes later a frightened woman was being lifted from a cart to the bed. As soon as her dress was removed the supervisor injected morphine and atrophine as the surgeon had ordered by telephone.

6:50 *a. m.*

The elevator door slid shut on the stretcher. Miss Roseberg turned to console a frightened husband waiting in a small reception room down the hall. Miss Moore hurried off to answer the lights that had come on during preparation of the new patient.

Mrs. Marks said fretfully, "I don't see why my light wasn't answered right away. You people have nothing to do all night."

"I'm sorry. A new patient came in."

"What a silly hour to arrive. Well, I'm glad I'm going home tomorrow. Hospitals are so dull. Nothing ever happens."

7:00 *a. m.*

The day nurses had arrived and were standing about the day supervisor while Miss Roseberg gave her report on what had taken place during the night. The condition of each patient was explained. Miss Moore was washing her hands in the staff lavatory where day specials were adjusting their caps.

As Miss Moore passed the office of the superintendent of nurses one of her classmates came out with stricken face. She fled down the walk to the nurses' home without waiting for company.

7:30 *a. m.*

The night nurses were having breakfast at tables brightened by chrysanthemums. They did not participate in the hymn and Bible-reading that followed breakfast for the day-nurses. Miss Moore was sitting with some of the girls who had entered training with her. The usual morning languor and chatter about interesting events of the night were lacking. A shocking event had taken place. The white-faced classmate Miss Moore had seen leaving the superintendent's office had been dismissed from the school.

Tibby Carlton was indignant. "What if they did catch her sitting on a patient's bed and holding his hand? What's so awful about that? Now she can't get into any other training school anywhere and a year and a half of work is lost."

Carey Ross shook her head. "No, she had it coming to her. She was warned once before—the time Miss Garr saw her tussling with an interne."

"What of it? It didn't make her any less of a good nurse."

"Yes it did. If she's busy with little flirtations when she's on duty her mind isn't on her job. Besides, I for one personally object to anything that puts nursing in the musical comedy class. My father and brothers didn't want me to enter training. They have old-fashioned ideas about young women caring for men, and unfortunately, when Bill was in a hospital in Chicago he had a special who gave him a rotten impression of nurses. You can't be holding his hand one minute and giving him an enema the next. I'm sorry for her but that's that."

Tibby saw agreement on the faces of the others. "Oh, well. Maybe you're right. I'm going to bed to get my beauty sleep. I've a date this afternoon."

Dorothy Moore went to the desk for mail and followed Tibby upstairs to the quiet wing set aside for night nurses. It was a bother transferring belongings from one section to the other at the beginning and end of night duty but the advantage of having sleep free from interruptions quite outweighed the inconvenience. Rules are rigid for protection of the night nurses. Not even a parent can put through a phone call before three o'clock and night nurses seen out of their rooms before that time are reprimanded. From three until eleven their time is their own. They can entertain in the attractive parlors, go to the city, read in the library of the nurses' home, or stay in their rooms listening to the radio or studying.

Dorothy Moore undressed, washed her stockings at the basin behind the screen in her room, set out her laundry bag, looked at the engagement pad on her desk. Meeting of the editorial board of the school paper at four, meeting of the entertainment committee for the Christmas dance



*Upper*—MATRON'S PARLOR IN TOPEKA'S FIRST HOSPITAL IN THE 90'S

*Lower*—NURSES' LIVING ROOM, WESLEY HOSPITAL, WICHITA

and party at five. She closed the venetian shades and went to bed. Nice to be resting through the routine of morning care—baths, temperatures, medication, treatments. She wished she could have been running those elimination tests on Mrs. Balt. But that would come later—after her next block of class-work. And—she had seen the caesarian.

9:00 *a. m.*

In the practical nursing classroom the newest group of students was practicing bedside techniques on a large doll that served as a patient. An intermediate, relieved of hospital duty for two months of study, was doing experiments in food chemistry in the laboratory. The preliminar-

ies were hurrying, for the next hour was to be devoted to an examination in pathology. A senior assigned for a month to the out-patient service, affiliated with the local visiting nurse association, was starting her daily round with a black bag.

11:30 a. m.

Two ambulances rushed up to the receiving door with clanging bells whose sound did not reach the far wing where the night nurses were asleep.

1:00 p. m.

The maid from the laundry went quietly from door to door hanging fresh uniforms and aprons on the hook provided for the purpose.

3:10 p. m.

Carey Ross, in a gay lounging robe of firemen red, came in and sat down on Dorothy Moore's bed.

"High-ya. You can waken up. Here's some coffee I just made on my new percolator. And some cookies mother sent me."

Dorothy Moore rolled over sleepily but reached for the coffee. "What's new?"

"Nothing—Oh, when I was taking a shower Katie was scrubbing the floor and she said there had been a railway wreck near the station. She heard in the kitchen that several people—badly smashed—had been brought in. Looks like a busy night for your floor. There isn't any more room on Surgical.

"Thank goodness I'm on with Miss Roseberg. She's a nice egg. Knows her job and explains everything of interest. A lot different from old Kidder on the day shift. She's a typical top-sergeant."

The door opened again. Two other students, coffee cups in hand, came in. "Mart says you got to see the caesarian. We were too busy in Women's Medical for anyone to leave. Rotten luck. Tell us about it."

From the caesarian the talk progressed to other "cases." Mart, on duty in the early day shift, was full of triumph. For some days there'd been a man in Medical for observation. High leucocyte count and in the afternoon a fast pulse, but no temperature. He'd been on routine mouth temperature. She had decided to take a rectal temperature at noon. It was 101.2. She had taken a mouth temperature afterward to make sure the result came from method, not change in the course of his disease. Only 98.4 by mouth. The supervisor had been very complimentary over her discovery.

Jane Crewe wandered in wearing her uniform. She had just come off day shift too. "I've been taking care of the premie all day."

"You mean the caesarian? Oh, how is it?"

"Fine. Much better than they expected, considering the fumes the mother had inhaled. I'm giving it liquids every hour with a medicine dropper—milk from the woman in 409. It was hard to keep it awake and the drops would roll out of one corner or make it choke, so I asked Miss Martin if I couldn't try an experiment. I figured out if I could

teach it to suck the sucking would make it swallow. She helped me fix up a tiny bottle with a nipple made out of the tube of a big medicine dropper. Really, it looked like a doll's bottle. The next time I started to feed the baby I began moving the little nipple slightly in and out. Instinct or something soon made the baby start to nurse—not very well at first but the next feeding it wasn't doing half bad."



THE NURSE OF TODAY IS TAUGHT CARE OF CHILDREN

Dorothy Moore jumped out of bed suddenly. "Good heavens! I forgot the editorial meeting." She snatched a towel and started toward the showers.

6:00 *p. m.*

Dorothy was dressing hurriedly. Committee meeting over. Just time to meet Bill for dinner and a movie.

7:00 *p. m.*

"You really saw them get the baby out alive! I saw about it in the afternoon papers. Seems to me you have a grandstand seat for a lot of things I see in the papers. When you get to telling what you've been doing I sometimes wish I'd gone in for medicine instead of plant pathology." Bill shook his head. "Still my job will keep me out of doors a lot. I like that."

10:15 *p. m.*

Carey met Dorothy in the hall. "Home early!"

"I wanted to read up on the new kidney test Dr. Franklin was going to start on 117 today."

"You missed cheese souffle at supper tonight."

10:50 *p. m.*

Dorothy was having sandwiches and coffee in the dining room with others on the night shift. One of the specials was complaining, "I went out to my sister's house today—thought I'd sleep at least six hours but the youngsters coming in for lunch kept me awake."

11:00 *p. m.*

The evening supervisor was unpinning her cap while she reported to Miss Roseberg on the condition of old and new patients. Miss Moore and another student stood by listening.

"Mrs. Blanton is still having gas pains but she's fairly quiet. People from the train wreck are in 111, 119, and 127; 111 has a compound comminuted fracture of the femur. It's been set and Dr. Engstrand is giving him a sulfa compound in an attempt to prevent infection—if infection develops an amputation may be necessary. In 113 is a woman with a fractured skull—and probably internal injuries. The railroad company is paying for a special for her, so she's off your hands. The woman in 115—well, so far they think it's chiefly shock though she has a broken shoulder blade. She needs constant watching. Five months pregnant. No empties tonight. If any more surgicals come in goodness knows where they'll send them."

A light forced Miss Moore to leave before the end of the report. Although the long corridor was dark except for the low light on the desk there was a faint gleam from the shining yellow walls. The summons had come from the bride injured in the accident on the previous night. As Miss Moore straightened her pillows and smoothed the sheet the girl said bitterly, "A nice way to spend a honeymoon. They say I'll get well but I think they are lying. I'll probably be crippled. Oh, I could yell."

Miss Moore looked at her startled. "You will be all right if Dr. Gordon said so. He doesn't lie. But you know you surprised me. It came to me for the first time that people here don't yell over their personal troubles. This whole building is full of people who've had much harder luck than you but the most they do is take it out in being cross. I wonder why they don't yell. Why don't you?"

The bride made a wry face. "Lord knows. There's something about a hospital that keeps you from it. I'd be boohooing if I were at home. Here—well, even if you can't see anybody you know they must be all around and you know you mustn't waken them. Anyway, the place is so impersonal—letting go would seem indecent. Thanks—I feel better."

The next light was over the door of 111.

"Could I have a drink? I'm so thirsty and I can't reach it."

Miss Moore saw that the man was young and his face was attractive. He searched her face. "Nurse, do they save legs messed up like mine? I want somebody to tell the truth. Doctors always lie to you."

Gracious, thought Miss Moore, they're chatty tonight. "Of course there's a good chance of saving your leg if the doctor says so. And if

you lost it you'd still survive. You ought to be glad it isn't worse. Suppose you'd cracked your head instead?"

"I'd just as soon lose my head as my leg. I have to have my legs. Why this had to happen I don't know. Just riding along peacefully on a train in Kansas—and bingo. And I've been shipwrecked, knocked from bucking horses, fallen down mountains, and gone through worse without getting a scratch."

"You know, I think you ought to consider it just a sporting chance that went against you and get ready to fight it through. You haven't had nearly as much bad luck as Timmy. Oh, don't you know about Timmy? He's been in all the papers." She told him of the youngster's long siege. The young man gave a feeble grin. "Maybe I'm a baby."

11:50 *p. m.*

Miss Moore examined the list of 12 o'clock medications and temperatures. Time to start down the row.

As she passed the elevator the car passed upward with a new patient, a young woman whose figure and attitude of pain indicated that the hospital nursery might have another resident before morning. Miss Moore thought longingly of the time when she would be on O. B. As Bill said, a nurse did have a grandstand seat for whatever excitement was going on in the world.



# APPENDIX



# Kansas Schools of Nursing

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**A**LTHOUGH 87 training schools have been accredited in the State it has been possible to get reasonably accurate data on only 79, including the 39 now accredited. The requirements under which a school is *accredited* by the Kansas State Board for Examination and Registration of Nurses are given in Chapter X. No schools of nursing in Kansas have as yet paid for inspection by representatives of the National League of Nursing Education to obtain accrediting by that body, though some meet standards set by the League.

To be *approved* by the American College of Surgeons a hospital must meet the following requirements: All physicians practicing in the hospital must be organized into a staff; all physicians on this staff must be graduates of approved medical schools, must be licensed to practice in the State, must "be competent in their respective fields," and be "worthy in character and in matters of professional ethics"—qualifications that depend in part on State standards and in part on the attitude of the local medical society; this organized staff must adopt regulations under which the professional work of the hospital is carried on, must meet as a body once a month, and must at intervals review and analyze the work being carried on in the hospital, with the medical and surgical records of the patients as basis for the discussions; the hospital must maintain records on every patient according to standards set by the College of Surgeons; and the hospital must have adequate diagnostic and therapeutic facilities under competent medical supervision, the facilities to include a laboratory providing chemical, bacteriological, serological, and pathological services, and an x-ray department providing radiographic and fluoroscopic services.

ARKANSAS CITY HOSPITAL TRAINING SCHOOL (*Closed*)

ARKANSAS CITY HOSPITAL, ARKANSAS CITY

Arkansas City Hospital, founded by Drs. R. Claude Young and R. Heslop Payne, was opened on July 14, 1906, and incorporated September 19, 1908. It is housed in a three-story building, which provides room for 50 beds, 10 bassinets, and a nurses' dormitory.

The training school was opened on May 26, 1909. Bertha Eddy, graduate of Presbyterian Hospital, Chicago, was the first superintendent of nurses. The training course was three years; 40 nurses were graduated. The school closed on June 30, 1929.

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## ASBURY PROTESTANT HOSPITAL TRAINING SCHOOL

(*Accredited*)

ASBURY PROTESTANT HOSPITAL, SALINA

This hospital was established April 25, 1921, by the Board of Hospitals and Homes of the Kansas Conference of the Methodist Episcopal Church. It was first called Asbury Methodist Hospital, for Bishop Asbury. Facilities during the first few years were inadequate. The hospital was housed in a frame building that had served as a residence and later as a mortuary and it held only 12 beds. After completion in 1927 of a four-story, brick structure holding 60 beds the present name was adopted. The old building is still in use, the former operating room having been converted into an x-ray room, the other rooms serving as living quarters for nurses.

At the opening of the institution in 1921, Florence A. Braddick, a graduate of the Florence A. Nightingale Hospital in England, who had stopped in the United States on the way to visit a brother in Australia, was induced to postpone her trip and become superintendent of the hospital. She remained sixteen years; Clara Naylor, graduate of Burge Deaconess Hospital in Springfield, Missouri, was the first superintendent of nurses and was succeeded in 1923 by Mrs. Dorothy Jackson, a graduate of the Illinois Training School for Nurses in Chicago. Zillah Leasure, a graduate of Vanderbilt University Hospital, Nashville, Tennessee, is the present superintendent.

Since 1938 a seven-month's affiliation in pediatrics and psychiatry has been maintained.

There are 117 graduates; 48 students are in training.

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ATKINS HOSPITAL TRAINING SCHOOL (*Closed*)

ATKINS HOSPITAL, HOISINGTON

This institution originated as the Hoisington Hospital, which was incorporated in 1912 with a board of directors composed of Hoisington doctors. It had 18 beds and A. G. Shively was the owner. In 1922 it was purchased by Dr. Edward H. Atkins and given its present name.

The Hoisington Hospital Training School, opened with the hospital, was under the direction of Hanna E. Dixon McCoy, graduate of Bell Memorial Hospital School of Nursing, Kansas City. One nurse was graduated.

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AXTELL CHRISTIAN HOSPITAL SCHOOL OF NURSING  
(*Accredited*)

AXTELL CHRISTIAN HOSPITAL (*Approved*), NEWTON

The hospital was opened in 1887 by Dr. John Thomas Axtell, a graduate in 1886 of the Bellevue Hospital College in New York City, who was later a leader in Kansas medicine, serving as president of the Kansas Medical Association and professor of orthopedic surgery in the School of Physicians and Surgeons of the University of Kansas. The first unit was a frame structure with 6 beds, an operating room, one bathroom, a basement kitchen, and a small dormitory for nurses. After being damaged by fire in 1891 the hospital was closed for a time and during repairs seven rooms were added. In 1897 Dr. Axtell was joined in the management of his hospital by his wife, Lucena Chase Axtell, who had completed a medical education in Kansas City. Additions to the hospital were made in 1905, 1911, and 1912. On February 1, 1925, the institution was given to the Kansas Christian Missionary Society, which adopted the present name and made additions to the plant. It now has 65 beds, 8 of them in the pediatric section, and 12 bassinets.

When the hospital was opened in 1887 three girls entered for training in practical nursing; lectures by a doctor began the next year. When the management was transferred in 1925, the name of the nursing school was changed and the two-year course was extended to three; recently a six-months affiliation with Children's Mercy Hospital in Kansas City, Missouri, has been added. Early superintendents were Mrs. N. E. Flowers, Linna B. Frazee, Olive Allen, Jean Sims; since 1925, Otilie Fox, Anna E. Klassen, Mabel Stansbury, Beulah Davis, Olive E. Marty, Rhoda B. Yoder, Mrs. Elizabeth Woolson, and Dorothy I. Blaisdell. Total number of graduates is 193; there were 36 students in 1941.

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BETHANY HOSPITAL SCHOOL OF NURSING (*Accredited*)

BETHANY HOSPITAL (*Approved*), KANSAS CITY

This hospital, established as part of a deaconess institution, was opened as the Bethany Methodist Hospital on May 15, 1892. It then had only 5 beds in a building that had been a residence. Anna Deutsche, a deaconess-nurse from the Lucy Rider Meyer Training School for Deaconesses in Chicago, was the first superintendent of hospital and of the four deaconesses who worked with her. Before the end of the year a two-story brick building, a former store, had been remodeled and occu-

pied with 45 beds. The present five-story building was completed in 1917. It has 145 beds. In 1938 the present name was adopted, though it is still owned and managed by the Methodists.

Bethany's school of nursing opened May 16, 1892, when Lena Mae Conley was accepted for training. The training period was three years, but since the students were to be deaconesses as well as nurses, the last six months were devoted to religious education. In 1895 instruction was begun in the sciences; in 1904 the training period was extended to three and a half years to allow more instruction in nursing; and about 1907 the deaconess training was discontinued. Anna Deutsche resigned



BETHANY HOSPITAL, KANSAS CITY, KANSAS

in 1899 and was succeeded in the superintendency of nurses by Renetta Hill, who in turn was followed by Nannie Edwards, Emma Jacqueman, Margaret McCullough, Anna M. Casey, Maude Barber, Elizabeth J. Eason, Ethel L. Hastings, Bertha M. Cissna, Sylvia L. Treat, Mrs. Florence J. Wilson, Edna G. Elmore and Alicia Sayre. Miss Hastings now serves as superintendent of the hospital. Both Miss Hastings and Sylvia L. Treat are graduates of the Bethany school. Total graduates number 520; 70 enrolled in 1941.

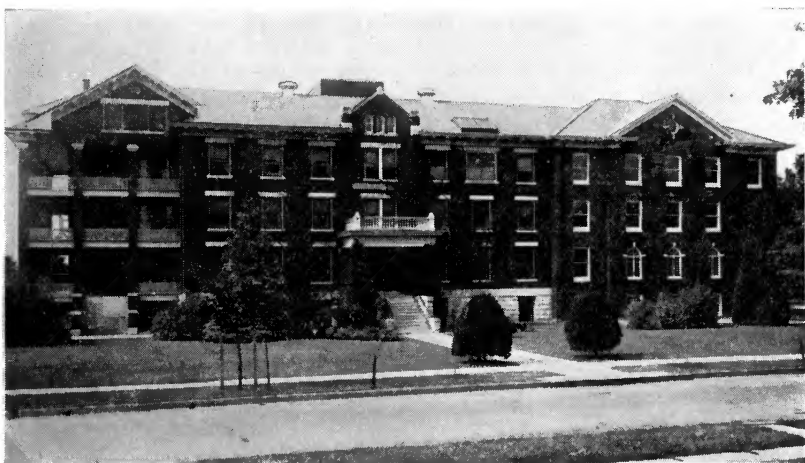
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BETHEL DEACONESS HOSPITAL SCHOOL OF NURSING  
(Accredited)

BETHEL DEACONESS HOSPITAL (Approved), NEWTON

This hospital, opened June 11, 1908, was founded by the Bethel Deaconess Home and Hospital Society of the Mennonite church. It was

first housed in a three-story brick building, erected for the purpose. Dr. Samuel S. Haury, born in Bavaria, Germany, a graduate of Mennonite Seminary, Wadsworth, Ohio, and St. Louis Medical College, and a former Indian missionary, was chief of staff. Three young Mennonite dea-



BETHEL DEACONESS HOSPITAL, NEWTON

conesses—Frieda Kaufmann, Ida Epp, and Catherine Voth—assumed active management. Additions made in 1913, 1930, and 1939 increased the capacity to 75 beds, and additions under way in 1942 will increase it to 100. In addition to the hospital the plant includes a two-story deaconess home, gift of the Bernard Warkentin family, a three-story student-nurses' home, and a three-story Bethel Home for the Aged, which shelters 36 persons. Sister Frieda Kaufmann, graduate of Bethel College and the Deaconess Hospital, Cincinnati, served as superintendent of hospital from June 11, 1908, to September 1, 1938. She is now Deaconess Mother of Home and Hospital.

The school of nursing was established with the hospital in 1908, under supervision of Sister Catherine Voth, also a graduate of the Deaconess Hospital, Cincinnati. Sister Ida Epp, graduate of the Evangelical Deaconess Hospital, St. Louis, was supervisor of the hospital. A three-year course of instruction is given. Emphasis is placed on Christian training, and preference is given to applicants preparing for home and foreign mission service and deaconess work. Candidates for mission service who are unable to devote three years to the course, are admitted for shorter periods. In 1922 Sister Lena Mae Smith became principal of the school and took over most of the teaching, although Sister Catherine continued as superintendent of nurses until her death in 1926. Sister M. Dora Richert succeeded and held the position until 1931. She was followed by Sister Theodosia Harms and Sister Anna Marie Goertz, the

present incumbent. Full-time graduates number 120, part-time graduates 36; 28 were in training in 1941.

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### BETHESDA HOSPITAL TRAINING SCHOOL (*Closed*)

BETHESDA HOSPITAL, GOESSEL

Bethesda Hospital was founded, at the urging of Dr. Peter Richert, the first doctor to settle in the community, on June 20, 1899, by the Mennonite Bethesda Hospital Society. Kathrina Schellenberg was ma-



BETHESDA HOSPITAL, GOESSEL

tron, Dr. Charles Henry Kaiser the first physician-surgeon. The two-story frame structure was soon found too small, and on May 10, 1903, a second building, connected with the first by a covered passageway, was completed. Part of the hospital was then used as a home for the aged. In 1928-29 a new two-story brick building was erected across the street, and the old buildings were given over entirely to the aged. The new building, opened in October 1929, has accommodations for 15 patients and 10 nurses.

The training school was established on December 19, 1910, under the direction of Sister Margaret Richert, a deaconess. She was followed by Sisters Anna Schmidt, Emma Bartel, and Tena Heinrichs, all registered nurses. The two-year course was increased to three years in 1913, and arrangements were made for some class and practical work in other training schools. The school operated under difficulties, however, and instructions ceased in 1926-27. Eight nurses were graduated.

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### BOOTHROY MEMORIAL HOSPITAL TRAINING SCHOOL (*Closed*)

BOOTHROY MEMORIAL HOSPITAL, GOODLAND

This hospital was opened in 1923 under control of the Methodist Episcopal Church as the Goodland Methodist Hospital. Mrs. Ethel Starrett, a graduate of Iowa Methodist Hospital in Des Moines, Iowa, was the

first superintendent of the hospital and the training school, which was opened with the hospital. The name was changed to Boothroy Memorial in 1929.

Since 1937 the institution of 25 beds has been under the superintendency of Hanna K. Schmidt. The training school was closed September 1, 1931, because of difficulty in providing an adequate course of training. There have been ten graduates.

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BRINKLEY-JONES HOSPITAL TRAINING SCHOOL (*Closed*)  
BRINKLEY-JONES HOSPITAL (*Closed*), MILFORD

This hospital was incorporated and opened in 1918 with twenty beds. Dr. John R. Brinkley was superintendent of the hospital and Mrs. Minnie T. Brinkley, his wife, was superintendent of the training school for nurses, which was opened at the same time. Three graduates of the school have registered. Both school and hospital were closed after Dr. Brinkley's license to practice was cancelled in 1930.

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BUTLER HOSPITAL TRAINING SCHOOL (*Closed*)  
BUTLER HOSPITAL, STAFFORD

This institution, first called the Dykes Hospital, was founded in 1906 by Dr. J. P. H. Dykes who operated it until 1912. Its first name was retained after it changed ownership. In 1915 it became the Butler Hospital. It was closed in 1926.

A school of nursing was opened with the Dykes Hospital and was continued until 1920. Mrs. J. P. H. Dykes was the first superintendent of nurses and served until 1912. Her successor was Emma Dykes (Mrs. Charles Cross). Twelve students were graduated.

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CLAY CENTER MUNICIPAL HOSPITAL TRAINING SCHOOL  
(*Closed*)

CLAY CENTER MUNICIPAL HOSPITAL, CLAY CENTER

Clay Center Municipal Hospital, organized by a group of local doctors, was opened on July 7, 1902, with 15 beds. In 1925 a new building was erected, increasing the capacity to 35.

The school was opened with the hospital under the direction of Mrs. Gertrude K. Bohring, graduate of the Frances Willard Training School, Chicago. Four students were enrolled for the two-year course, two of whom were graduated on November 2, 1904. Later the course was extended to two and a half years, and in 1925 to three years. In 1926 a four-month affiliation was effected with St. Luke's Hospital, to be followed by a second four months at Children's Mercy Hospital—both in

Kansas City, Missouri. The school was closed on August 31, 1930. Forty-two nurses were graduated by the institution.

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CONCORDIA HOSPITAL SCHOOL OF NURSING (*Closed*)  
CONCORDIA HOSPITAL, CONCORDIA

The Concordia Hospital was opened on January 5, 1920, as an adjunct of the Sunset Home for the Aged, which is operated by the Sunset Home Society of the Swedish Baptist Church. Its three-story brick building holds 18 beds. Gertrude W. Johnson was the first superintendent of the hospital and of the school of nursing during the years it operated.

The school of nursing, established with the hospital, graduated its first class, three nurses, in 1923. In 1924 a six-months' affiliation with Trinity Lutheran Hospital School of Nursing in Kansas City, Missouri, was established, and continued until the school was closed in 1930. In 1926 and 1927 an affiliation was also maintained with Lakeside Hospital, Chicago. When the school closed the hospital had 35 beds. There were twenty-one graduates, including the present superintendent of the hospital, Melvina Olsen Beale.

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C. T. WOODS MEMORIAL HOSPITAL TRAINING SCHOOL  
(*Closed*)

C. T. WOODS MEMORIAL HOSPITAL (*Closed*), PARSONS

The hospital, for Negroes, established in 1923 under the auspices of the Congregational Church, had 15 beds. The first superintendent was Minnie B. Garrett, a graduate of Douglass Hospital School of Nursing and the old General Hospital School of Nursing in Kansas City. The school was discontinued in 1926 and the hospital has since been closed. There were 2 graduates.

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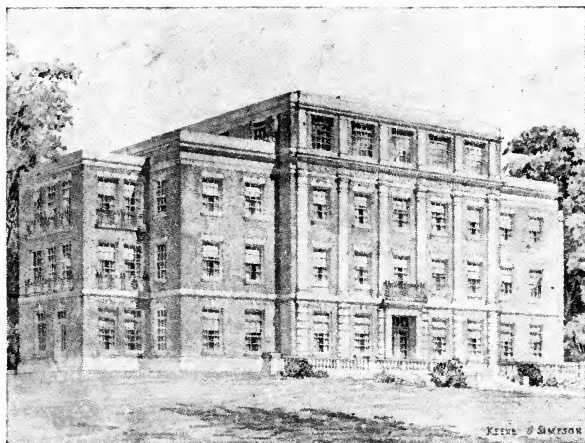
CUSHING MEMORIAL HOSPITAL SCHOOL OF NURSING  
(*Accredited*)

CUSHING MEMORIAL HOSPITAL (*Approved*), LEAVENWORTH

Cushing Memorial Hospital had its inception in the Home for the Friendless, established by the Kansas Society for Friendless Women (founded by Mrs. C. H. Cushing) to care for unmarried mothers. The first building was erected in 1870 by local contributions and a State appropriation of \$10,000. Later another and smaller building was provided by local contribution, and a second appropriation in 1879 made possible a three-story brick structure, with basement, and tower. In the winter of 1880-81 the State allotted \$200 a month for current expenses. About 1890 local physicians suggested that part of the institu-

tion be made a hospital, which was soon done. In 1931 a new four-story brick building, solely a hospital, was opened as the Cushing Memorial Hospital, with 65 beds and facilities for outpatient care.

Nurse training of one year was begun, presumably, in September, 1893, under the direction of a matron, no superintendent being em-



CUSHING MEMORIAL HOSPITAL, LEAVENWORTH

ployed for several years. In 1900 the course was lengthened to two years. With the opening of the new building in 1931 the name Cushing Memorial Hospital was adopted and the educational course expanded to include six months in obstetrics and medicine at St. Luke's hospital, four months in pediatrics at Children's Mercy Hospital, and two months with the Visiting Nurse Association—all in Kansas City, Missouri. Total graduates number 143; there were 24 students in 1941.

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### DOUGLASS HOSPITAL TRAINING SCHOOL FOR NURSES (Closed)

#### DOUGLASS HOSPITAL, KANSAS CITY

Douglass Hospital, named for the Negro abolitionist, Frederick Douglass, was established by a group of citizens interested in providing medical care and nursing instruction for the Negroes of Kansas City. A former residence was remodeled for the purpose, and the hospital was opened in December 1898 with 10 beds. In 1905 ownership was transferred to the African Methodist Episcopal Church; and in 1924 a fund was raised that enabled the move to the present building, which holds 25 beds for patients.

The school was opened with the hospital. Since there was then no hospital west of Chicago admitting Negroes to nursing schools, this was

an important part of the program. Amy Linwood, a practical nurse, was the first matron, but in 1899 Luci V. Ashton, graduate of Freedmen's Hospital in Washington, D. C., became superintendent of both school and hospital. The course of two years was later extended to three. Two to four students were usually in training. Forty-four nurses have



DOUGLASS HOSPITAL, KANSAS CITY, KANSAS

been graduated—among them, Frances E. Kitchen, R. N., of the class of 1920, who became superintendent of nurses in 1921 and superintendent of the hospital in 1936. The school was discontinued in 1936 owing to lack of applicants for training.

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#### DRYDEN SANITARIUM TRAINING SCHOOL (*Closed*)

DRYDEN SANITARIUM, GEUDA SPRINGS

The Dryden Sanitarium was established because of the mineral springs at this place. It was incorporated July 21, 1915, and opened the following day with eleven beds. Dr. Thomas T. Holt of Wichita was president of the hospital board.

The training school, opened with the hospital, offered a three-year course of instruction. Three graduates from the school have been registered in Kansas. The school closed in 1922.

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#### ELKHART HOSPITAL TRAINING SCHOOL (*Closed*)

ELKHART HOSPITAL, ELKHART

The institution was established in 1920 by Dr. William V. Tucker and Dr. J. H. Hanson as the Tucker-Hanson Hospital. Dr. Hanson sev-



DOUGLASS HOSPITAL NURSES

ered his connection in 1927, and since that time the hospital has been operated by Dr. Tucker as the Elkhart Hospital. The hospital is a two-story stucco building holding 25 beds and 2 bassinets.

A training school for nurses was established with the hospital but was short-lived, none of the students completing the course before the school was discontinued. Mrs. Lucille Addington is the superintendent of hospital.

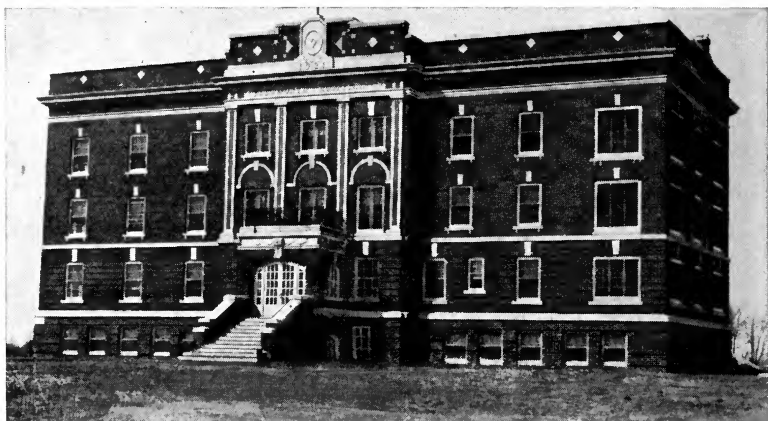
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ELLSWORTH HOSPITAL SCHOOL OF NURSING (*Accredited*)  
ELLSWORTH HOSPITAL (*Approved*), ELLSWORTH

This hospital was established in 1897 by Drs. Harry O'Donnell and H. E. Hissem. Following Dr. O'Donnell's death in 1907, Dr. His-

sem carried on alone for some time, then was joined by Dr. Alfred O'Donnell, brother of his former partner, who became manager and chief surgeon. In 1921 the institution was moved from the original frame building into a new four-story brick structure, holding 50 beds, and has since been operated by the Ellsworth Hospital Company.

The school was opened on June 9, 1904, with Nell Kenninger, superintendent of hospital, in charge. The course, of two and a half years, was extended to three in 1929 with a four-month affiliation at Chil-



ELLSWORTH HOSPITAL, ELLSWORTH

dren's Mercy Hospital, in Kansas City, Missouri. In 1939 an additional 3-months affiliation in psychiatric nursing was established with the Menninger Sanitarium, Topeka. This lasted one year. In 1938 the affiliation with Mercy Hospital, Kansas City, was discontinued and a seven-and-a-half-month affiliation was established with the Denver General Hospital. The Denver affiliation is now for six months. Later superintendents of school and hospital were Anna Nichols, Martha Buchanan, Blanche Frederick, Faye Lockhart, Nellie Vandemark, Frances E. Bunger, and Tressa Pierson, graduate of Ellsworth. Graduates total 120; 16 were in training in 1941.

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#### GRACE HOSPITAL SCHOOL OF NURSING (*Accredited*)

GRACE HOSPITAL (*Approved*), HUTCHINSON

Grace Hospital represents the consolidation of two privately owned institutions. In 1891 physician-brothers, R. A. and J. E. Stewart, opened the Stewart Hospital on Tenth Street. In 1896 they moved into a new building at Eighth and Main. Meanwhile, in 1895, Dr. J. E. Welch had established the Welch Hospital in a seven-room house in the western part of town. In 1900 this institution was moved into a twelve-room

building erected on Main Street, and the next year another 12 rooms were added. During the repair of damages done by the 1903 flood, a third twelve-room unit was added, including an operating room, the equipment of which was said to be "the prettiest between Kansas City and Denver." In 1915 Dr. R. A. Stewart bought the Welch Hospital and on June 15 of that year both the Welch and Stewart hospitals were sold to the First Methodist Church of Hutchinson, which incorporated the two under the title of the Hutchinson Methodist Hospital. By charter amendments of 1922 and 1924 the present name was adopted.

Finding no nurses available at the opening of their hospital in 1891, the Doctors Stewart, waiving entrance requirements, accepted girls for instruction given by the doctors under the supervision of a head nurse. The first to complete the two-year course was Kate Williams, later a member of the first Kansas State Board of Nurse Examiners. Dr. Welch also opened a training school, offering a two-and-a-half year course. On the transfer to the Methodist Church, 30 student nurses were brought under the supervision of Dr. Louise Richmond, a graduate of the Dr. Joseph Memorial and Philadelphia hospitals in Philadelphia and first superintendent of hospital and training school under the new regime. Dr. Richmond introduced the cap and striped uniform now worn by the student nurse. On November 9, 1934, the school was closed, but was re-opened on October 1, 1936, with a four-month affiliation with Mercy Hospital in Denver, for pediatric nursing. Dr. Richmond resigned in March 1916 and was succeeded by Frances Shouse. Later superintendents were Grace E. Lansing, Marie Stead, Sarah Bohannon, Mary C. Dorr-schuck, Emma Harling, Edna G. Elmore, Rebecca Van Buren, and Esther Forney. Graduates number 224; 34 were in training in 1941.

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#### GRADUATE SCHOOL OF PSYCHIATRIC NURSING, MENNINGER SANITARIUM

MENNINGER SANITARIUM (*Approved*), TOPEKA

The Graduate School of Psychiatric Nursing of the Menninger Sanitarium was opened in 1930 under direction of Sophie Schweers. In the beginning students from other schools were enrolled, but since its third year the school has been open only to graduate nurses. The present director of nurses, Isabel Erickson, a graduate of the Vail School of Nursing, Topeka, has been in charge since 1933. The faculty consists of regular and special instructors.

Classes in psychiatric nursing were conducted by Dr. Karl Menninger at the Vail School of Nursing, Christ's Hospital, from 1920 to 1926 and continued by Dr. William C. Menninger until the opening of the Graduate School of Nursing at the Sanitarium. A class in neurology and psychiatry is now conducted at the Menninger Clinic for students from each of the three general hospitals in Topeka.

HALSTEAD HOSPITAL SCHOOL OF NURSING (*Accredited*)HALSTEAD HOSPITAL (*Approved*), HALSTEAD

Halstead Hospital was founded in June 1902 by Dr. Arthur Em-muel Hertzler, later professor of pathology, gynecology, and surgery at the School of Medicine, University of Kansas, and author of the *Horse and Buggy Doctor*. The first unit, a wooden structure of two-and-a-half stories, had an operating room, a kitchen, a dining room, a bath, one or two bedrooms for the doctor's family, and on the second and third floors five rooms each for surgical and medical patients. In 1915 an addition was made, and in 1916 the whole was remodeled. In 1919 the nurses' dormitory was added. Further additions were made in 1925, 1926, 1929, and 1930, making a hospital of 200 beds and dormitory with quarters for 100 nurses. There is a psychopathic ward as well as the usual departments. In April 1933, Dr. Hertzler sold the institution to the Sisters of St. Joseph for \$1. Sister M. Lawrence, with nine sister-nurses, assumed management on April 10. In 1934 a chapel was erected.

The Halstead Hospital School of Nursing was established in June 1905. Edith DeVilliers, the first superintendent of nurses, was followed by Elizabeth Westmacott, Isabel Black, Martha Hardin, Sophia E. Adams, Anna K. Essig, Bertha I. Baumgartner, Sister M. Eulalia, and Sister M. Valeria. When the sisters took charge in 1933, the two-and-a-half year course was increased to three years. Graduates number 470; 87 students were in training in 1941.



AIRPLANE VIEW, HALSTEAD HOSPITAL, HALSTEAD

**HAYS PROTESTANT SCHOOL FOR NURSES (Closed)****HAYS PROTESTANT HOSPITAL (Approved), HAYS**

The Hays Protestant Hospital was established in 1925 by the Northwest Kansas Conference of the Methodist Episcopal Church. Dr. C. D. Blake was the first physician-surgeon. The building, originally a church, was remodeled to provide room for 35 beds, 8 of which are orthopedic, and 5 bassinets. The hospital is approved by the Kansas Crippled Children's Commission for care of its wards.

The training school was established at the opening of the hospital, on September 24, 1925, under the direction of Florence Haehn, who was also superintendent of the hospital. Miss Haehn was succeeded as superintendent of hospital and nurses by Hanna Aebi, who was the last executive to hold the dual position. When the Rev. Martin Starbuck succeeded to the superintendency of the hospital, Mrs. Elma Stauffer was employed as superintendent of nurses. She was replaced by Ida Porter. In 1931 Mrs. H. R. Hillman became both superintendent of nursing and of the hospital. She was followed by Evelyn Cook and Cora M. Shinn. The nursing school was discontinued on January 1, 1931. There were 3 graduates.

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**HOFFMAN MEMORIAL HOSPITAL TRAINING SCHOOL (Closed)****HOFFMAN MEMORIAL HOSPITAL, LITTLE RIVER**

Hoffman Memorial Hospital was established in May 1915 with 16 beds. It is owned by the municipality and operated under a board of directors.

The training school, opened with the hospital, offered a three-year course until it was closed in 1929. Superintendents of nurses were Kathryn K. Lukashavac, Rachel H. Holt, and Pearl Anderson. There were 11 graduates.

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**HORTON HOSPITAL TRAINING SCHOOL (Closed)****HORTON HOSPITAL, HORTON**

Horton Hospital was opened on April 1, 1906, by Dr. L. Reynolds. It had 12 beds and was then the only hospital in Brown County. On Dr. Reynolds' death in 1924, it was purchased by Dr. H. J. Harker, who lived only a few years. It is now owned by a stock company and has 25 beds.

The school, established with the hospital, operated until August 1, 1925, at which time the course covered two and one-half years. Twenty nurses were graduated.

JANE C. STORMONT TRAINING SCHOOL FOR NURSES  
(Accredited)

JANE C. STORMONT HOSPITAL (*Approved*), TOPEKA



J. C. STORMONT HOSPITAL, TOPEKA

The hospital was founded in 1894 by Dr. Milo B. Ward with funds contributed by Mrs. Jane C. Stormont, widow of Dr. David Wasson Stormont, who had settled in Topeka in 1862. It was then the Jane C. Stormont Women's Hospital, but became the Jane C. Stormont Hospital in 1897. In 1899 Mrs. Louisa Gage, widow of Guilford G. Gage, who had contributed to many public causes, provided funds for the Gage Annex; and in 1925 Mrs. Lillie Munn, widow of Dr. Lewis G. Munn, made possible the latest addition, which increased the hospital capacity to 90 beds and 15 bassinets.

The training school, offering a three-year course, was opened in 1895 to young women between the ages of 20 and 35. Mary Esther Williams, Quakeress from Mt. Pleasant, Ohio, was the first superintendent of nurses; she was trained on the job for the position by Dr. Ward. Mrs. DeLora Rodeen, graduate of Brokaw Hospital, Bloomington, Illinois, with special work at the Chicago University, is the present superintendent of school and hospital. Graduates number 269; there were 48 students in 1941.

## JOHNSON HOSPITAL TRAINING SCHOOL FOR NURSES

*(Accredited)*

JOHNSON HOSPITAL, CHANUTE

This hospital, first called the Chanute Community Hospital, was established in 1904, under the direction of Dr. L. D. Johnson, graduate of Denver University Medical School. After one and one-half years, it was acquired by Ellen Harrison, a graduate nurse, and re-named the Harrison Hospital. In 1913 Dr. Johnson purchased the institution and gave it his name.

A training school was opened on November 22, 1912, as the Harrison Hospital Training School for Nurses. The present name was adopted with the change of ownership in 1913. Graduates total 106; 19 were in training in 1941.

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## JUNCTION CITY MUNICIPAL HOSPITAL TRAINING SCHOOL

*(Closed)*

JUNCTION CITY MUNICIPAL HOSPITAL, JUNCTION CITY

This municipal hospital was incorporated on November 6, 1913. The institution now has 34 beds. Dorothy I. McCall, a graduate of Christian Church Hospital School of Nursing in Kansas City, Missouri, was the first superintendent of nurses. Under her supervision a training school was opened in 1921 with a three-year course. In 1926, under the superintendency of Cora Shinn, a six-month's affiliation was established with Trinity Lutheran Hospital in Kansas City, Missouri. One nurse was graduated.

Since the school was discontinued in 1927, nursing has been carried on by a graduate staff. The present superintendent is Rena McGauhey, a graduate of the Noyes Hospital, St. Joseph, Missouri.

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## KANSAS SANITARIUM AND HOSPITAL TRAINING SCHOOL

*(Closed)*KANSAS SANITARIUM AND HOSPITAL *(Closed)*, WICHITA

In March 1903 the Kansas Medical Missionary and Benevolent Association was incorporated with authority to conduct sanitariums, hospitals, and training schools for nurses. In 1904 the Kansas Sanitarium and Hospital, with 50 beds, was established along lines similar to those of all Battle Creek institutions, which include use of remedial agents, but emphasize diet, hydrotherapy, massage, and corrective exercises. In 1918 addition of an annex brought the patient capacity to 65. In 1927 the institution was forced to close because of financial difficulties.

A two-year course of nurse training, increased to three years in 1909, was established with the hospital. Later an affiliation with Wesley Hospital School for Nurses in Wichita was established. Edith K. Hawkins was superintendent of nurses at the time of the closing in 1927.

KINGMAN MEMORIAL HOSPITAL SCHOOL OF NURSING  
(Accredited)

KINGMAN MEMORIAL HOSPITAL, KINGMAN



KINGMAN HOSPITAL, KINGMAN

The Kingman Hospital was opened May 20, 1915, with 12 beds. Margaret Shacklitt is believed to have been the first superintendent. Another early superintendent was Emily Morgan, now a missionary in New Zealand, whose service in Alaska during the diphtheria epidemic of 1922 was outstanding.

The present building was erected with Red Cross funds donated to the local post of the American Legion and matched by an equal amount raised in Kingman. When it was completed in 1934, the name was changed to the one now borne. A new wing, added in 1937, increased the bed capacity to 30.

The nursing school, established with the hospital, graduated its first student on November 13, 1917. Superintendents of nurses include Mary B. DeVore, Mrs. Blanch Speakman Wilson, and the present superintendent, Rose Beat, a graduate of St. Francis Hospital School of Nursing, Wichita. There are 42 graduates and 12 students.

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LARNED HOSPITAL TRAINING SCHOOL (Closed)

LARNED HOSPITAL (Closed), LARNED

This hospital, founded by a group of doctors incorporated as the Larned Hospital Association, was opened on September 27, 1905, in a leased nine-room building, which gave space for an operating room, a combined kitchen and dining room, a reception room and office, and rooms for six beds for patients and three for nurses. About 1909 the

building was purchased, in 1911 eleven rooms were added, and in 1915 a large screened porch. In 1930 Dr. A. E. Reed of Larned bought a controlling interest and became chief surgeon. After his death in August 1939 the hospital remained open only until May 1, 1940.

The school opened with the hospital in 1905, had at first only one student for its three-year course. Elizabeth Schmucker, graduate of Sterling Hospital, Sterling, was the first superintendent of hospital and school. She served 22 years and was followed by Olatha Wheeler, Alice Montgomery, and Carrie Ehling. Twenty-two nurses were graduated.

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#### LAWRENCE HOSPITAL AND TRAINING SCHOOL (*Closed*)

LAWRENCE HOSPITAL, LAWRENCE

This hospital was owned and controlled by the Lawrence Hospital and Training School Association, which opened it in 1902 with 20 beds. It was incorporated in 1918.

The training school opened in 1903 and continued until 1928. At that time a three-year course was maintained. Seven nurses were graduated.

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#### LIBERAL TRAINING SCHOOL (*Closed*)

EPWORTH HOSPITAL, LIBERAL

Liberal Hospital was opened October 13, 1912, in a five-room building erected by Dr. Thomas Allen Jones, formerly of Creelsboro, Kentucky. This building served until 1914 when Dr. Jones erected a second building, which was capable of holding 16 beds. After the death of Dr. Jones in 1921 the institution was acquired by Dr. F. W. Huddleston, who sold it in 1924 to the Southwest Conference of the Methodist Episcopal Church. Since that date the hospital has been enlarged and now holds 44 beds.

The Liberal Training School for Nurses, operated in connection with the hospital, was established in 1915 under the supervision of Maude M. Dowers, but did not receive its charter until 1918. In October 1924, under the Methodist regime, the training school was reorganized with Harriet B. Linn as superintendent of nurses. She was succeeded by Emma Pickens, Mabel Desmond, Elsie Sanderson, Bessie M. Sharrar, and Mollie Bowman.

Twenty-eight students were graduated from the school, which maintained an affiliation in orthopedic and pediatric nursing with Wesley Hospital, Wichita. When the school closed in the fall of 1932 the 15 students then in training were transferred to other hospitals controlled by the Southwest Conference to complete their courses.

**M'CONNELL HOSPITAL TRAINING SCHOOL (Closed)****McCONNELL HOSPITAL (Closed), LAWRENCE**

The McConnell Hospital and Training School was opened in September 1920 by Elizabeth McConnell and incorporated two years later by the McConnell Hospital Association, of which Dr. W. C. McConnell was president. The original bed capacity of 12 was later increased to 20.

The training school offered courses conducted by the staff and laboratory work under an instructor from the University of Kansas. Later an affiliation with General Hospital, Kansas City, Missouri, was arranged. There were two graduates.

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**M'PHERSON COUNTY HOSPITAL TRAINING SCHOOL (Closed)****McPHERSON COUNTY HOSPITAL (Approved), McPHERSON**

McPherson County Hospital is the outgrowth of several earlier institutions. In 1898 Dr. J. C. Hall, graduate of the Kansas City Medical College, Kansas City, established the Dr. J. C. Hall Sanitarium in a nine-room building allowing four rooms for patients, reception and operating rooms, and a three-room apartment for the matron. At about the same time, Dr. George H. Matchette, a graduate of the American Medical College, St. Louis, and Dr. Andrew Engberg, a graduate of Bellvue Medical College, New York City, opened operating rooms in their offices. In 1907 Dr. Hall sold the sanitarium to Dr. G. R. Dean, who moved it to a new site. In 1909 the four doctors—Hall, Dean, Matchette, and Engberg—pooled their resources and erected a twelve-room structure which they called McPherson Hospital. This building was soon crowded, and in 1919-1921 bonds were voted and a new building, the McPherson County Hospital, was erected with 60 beds, 15 bassinets, and 2 operating rooms.

The training school was begun in Dr. Hall's sanitarium about 1900; Pearl Minner, trained by Dr. Hall, was the first superintendent of nurses. When the McPherson Hospital was occupied in 1909, the school was transferred to that institution under direction of Marie Hanson, a graduate of Dr. Smith's hospital in Winfield. The course covered three years, and the first formal graduation was held in 1912. Instruction was given by graduate nurses, college teachers, and members of the hospital staff. Advanced training in pediatrics was arranged for in a six-months affiliation with Washington University School of Nursing and the St. Louis Children's Hospital, St. Louis. C. Blanche Duncan, graduate of Bethany Hospital School of Nursing, Kansas City, was superintendent of hospital and nurses when the school was discontinued in 1935.

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**MERCY HOSPITAL TRAINING SCHOOL (Closed)****MERCY HOSPITAL, ARKANSAS CITY**

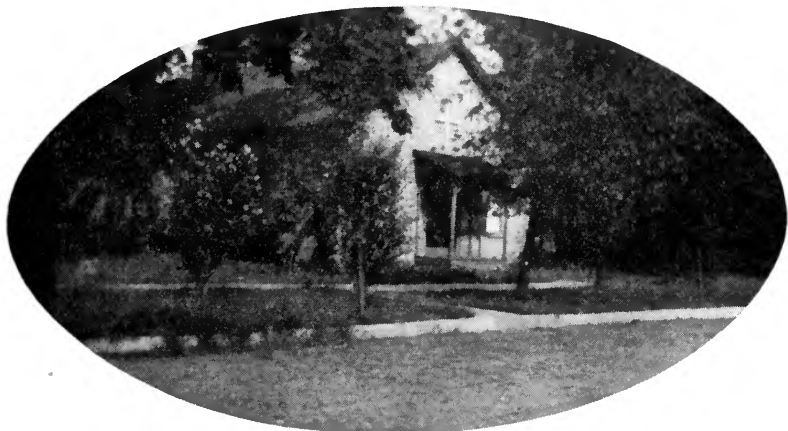
The hospital was established in 1904 by a group of physicians in-

cluding Doctors McKay, Day, and Holm; its original 22 beds were later increased to 50.

The training school opened in 1905, had 17 students when the school was discontinued in 1931. Graduates total 41.

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MERCY HOSPITAL SCHOOL OF NURSING (*Accredited*)  
MERCY HOSPITAL (*Approved*), FORT SCOTT



MERCY HOSPITAL, 1887

Mercy Hospital, founded by the Sisters of Mercy, was opened on October 20, 1887, and incorporated two years later. The first building was a stone church built during the Civil War, and remodeled to serve as both mother-house and hospital. During the year of its incorporation the institution was given an acre of ground for a hospital site by C. F. Drake of Fort Scott; a four-story brick building was erected there and occupied November 21, 1890. Mother M. Teresa Dolan was the first superintendent of the hospital. Her successor was Mother M. Josephine, formerly Elizabeth Nulty of Fort Scott, who served until her death in 1922. Mother M. Francis de Sales Connelly, who became Superior at the death of Mother Josephine, held the office until 1934. Under her regime a program of expansion was completed, including an addition holding 25 beds and a home for nurses. In 1929 the Fort Scott Main Street Hospital, with 51 beds, was acquired by the Sisters of Mercy, bringing the total capacity to 110 beds.

The Mercy Hospital School of Nursing was opened in September 1915, with Mary McCann, formerly of St. Louis, as superintendent. Four sisters were graduated in the first class. The school is affiliated with the Fort Scott Junior College. There have been 121 graduates from

the combined schools of nursing and there are now 46 students. Sister M. Marita Kane is the present director.



MERCY HOSPITAL, FORT SCOTT, 1915

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### MERCY HOSPITAL SCHOOL OF NURSING (*Accredited*)

#### MERCY HOSPITAL (*Approved*), INDEPENDENCE

This hospital originated as the Montgomery County Hospital and was opened December 13, 1910. In 1916 new owners, who were the physicians of the town, were incorporated as the West Side Hospital Association. The hospital then had 35 beds and a nurses' home. On March 1, 1927, the institution was transferred to the Sisters of Mercy; and on April 19, 1929, an addition—erected with the aid of the people of Independence—was dedicated, increasing the plant to 76 rooms accommodating 100 patients. Mother M. de Sales is the present superintendent.

The school of nursing was founded with Montgomery Hospital in 1910. At the change in management in 1916, it became the West Side Training School for Nurses and when the Sisters of Mercy assumed charge was renamed Mercy Hospital School of Nursing. The first superintendent of nurses, a Miss Jones, remained but a short time. Her successors were Genevieve Tetrault, Stella Shipley, and Mary Cromwell. Sister M. Madeline Feely became superintendent in 1927. Sister M. de Chantal Meyer succeeded her in 1935. Graduates total 110, 57 of whom were under the present management; there were 27 students in training in 1941.



MERCY HOSPITAL, INDEPENDENCE

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MERCY HOSPITAL SCHOOL OF NURSING (*Closed*)  
MERCY HOSPITAL (*Approved*), PARSONS

Mercy Hospital, on a one-acre plot donated by Dr. Arthur Smith, was opened on November 7, 1912, with 50 beds. A laboratory, an x-ray, and other equipment were installed in 1935, and 10 bassinets were added. In 1936 the management acquired an 80-acre farm that supplies the hospital with dairy and other produce.

The Mercy Hospital Training School was established in 1921, under supervision of Sister M. Benigna, and closed in 1936. Twenty-four nurses were graduated.

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MT. CARMEL HOSPITAL TRAINING SCHOOL (*Accredited*)  
MT. CARMEL HOSPITAL (*Approved*), PITTSBURG

In 1900 J. C. Devlin, head of the Mt. Carmel Coal Company of Pittsburg, donated to the Sisters of St. Joseph \$5,000 and 40 acres of

land for the building of a hospital at a point between Pittsburg and Frontenac. Owing to lack of sisters for the work the project was delayed. But in 1902, at the urging of businessmen of the two towns, construction began and Mother M. Bernard, General Superior of the Sisters of St. Joseph Wichita order, at the instigation of Bishop Hennessey, was dispatched to Ireland to arrange for postulants to staff the institution. As the result of this and subsequent journeys—in 1904 and 1906—Mother Bernard brought 60 young Irish women to the order. Meanwhile, the first unit of the hospital was opened, on April 14, 1903. A two-story and a four-story unit were added in 1912 and 1918 respectively. There are now 75 beds and four bassinets.

Early in 1904 a two-year course of nurse training was opened to sisters of the order under the direction of Mother Bernard, who was a graduate of St. Vincent's Hospital at Erie, Pennsylvania. Staff doctors were the instructors. In 1906 the course was opened to lay students; and at that time Sister M. Alphonsus, who had done post-graduate work in St. Joseph's Hospital in Kansas City, Missouri, was made superintendent of nurses. Sister M. Leona, A. B. graduate of Mt. Carmel, occupies that position at present. Sister M. Leo is superintendent of the hospital. Twenty-eight students were in training in 1941.

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#### NELLIE JOHN'S MEMORIAL HOSPITAL TRAINING SCHOOL (Closed)

NELLIE JOHN'S MEMORIAL HOSPITAL (Closed), TOPEKA

The Nellie John's Memorial Hospital (Negro) was opened as a State institution in 1922 with 20 beds. Superintendents during its operation were Dr. W. A. Jones and Clement Richardson. Anna McGruder Smith, a graduate of McVickers Hospital Training School in Atlanta, Georgia, was superintendent of the training school opened with the hospital.

The school has been closed and the institution is now operated in connection with the Kansas Vocational School for the benefit of students and teachers of that institution. Ida Belle Scheffield, R. N., the only nurse employed by the institution, is its director.

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#### NEWMAN MEMORIAL COUNTY HOSPITAL SCHOOL OF NURSING (Accredited)

NEWMAN MEMORIAL COUNTY HOSPITAL, EMPORIA

The Newman Memorial County Hospital, named for George W. Newman, whose bequest of \$50,000 formed the nucleus of the building fund, was opened March 5, 1922. Additional funds for the construction of the building were raised by taxation in Lyon County. The hospital has 81 beds with space for 12 additional ones in an emergency. A nurses'

home was completed in 1926. First superintendent of the hospital and of nurses was Cora A. Miller, a graduate in 1906 of the Medical and Surgical Sanitarium at Mt. Vernon, Ohio.

The training school for nurses was opened with the hospital as the Newman Memorial Hospital Nurses' Training School, and the name was later changed to Newman Hospital School of Nursing. Affiliation, first established with the College of Emporia, provided for a combined college-nursing course. After 1926 a four-month affiliation with the Children's Mercy Hospital in Kansas City, Missouri, was provided. A three-



NEWMAN MEMORIAL COUNTY HOSPITAL, EMPORIA

month course in psychiatric nursing at the Menninger Sanitarium, Topeka, was begun in 1931. Seven months of affiliation in pediatric and psychiatric nursing are still maintained.

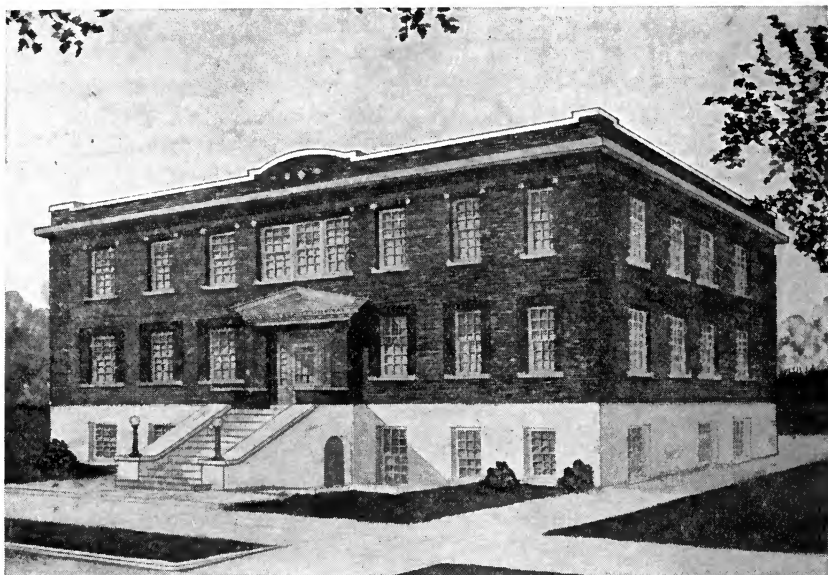
Minnie Cox, a graduate of the Bethany Hospital School of Nursing in Kansas City, is the present superintendent of hospital and of nurses. There have been 119 graduates; present enrollment is 41, including 7 men enrolled for pre-medical courses at the College of Emporia.

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NINNESCAH HOSPITAL TRAINING SCHOOL (*Accredited*)  
NINNESCAH HOSPITAL, PRATT

This hospital was opened in 1919 by local physicians who built the present two-story building of brick; it holds 20 beds and 5 bassinets. Dr. Warren F. Bernstoff was the first physician-surgeon, and Mrs. Dolly Humphrey the first superintendent of the hospital.

The training school was opened February 1, 1921, under the direction of Sarah Bohannon, graduate of University Hospital School of Nurs-



NINNESCAH HOSPITAL, PRATT

ing, Chicago. The present superintendent of nurses is Hazel Golden, a graduate of the school. Thirty-one have been graduated; 9 are in training.

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### OSAWATOMIE STATE HOSPITAL SCHOOL OF PSYCHIATRIC NURSING

OSAWATOMIE STATE HOSPITAL, OSAWATOMIE

In 1863 the Kansas legislature passed an act authorizing the establishment of an institution to house the insane and appointed a committee to select a site—which should be donated—for it. In 1865 a two-story frame building, providing room for about a half dozen patients, was erected on a 160-acre tract one mile north of Osawatomie, a gift of the Rev. J. S. Adair, a cousin to the abolitionist John Brown. The Rev. Mr. Adair became the first superintendent. Before the year was out the building was crowded, and in 1866 additions were made to provide places for 21 patients. There were wards for women and men. This, too, was soon found inadequate. In 1868 an appropriation of \$20,000 was made for the first wing of a new building, which was completed and occupied in 1881. Through subsequent years the Rev. Mr. Adair contributed more land, in all between 700 and 800 acres; and to the plant of 1868 have been added a chapel, a receiving hospital, a psychopathic building, the Knapp building for men, the Adair building for women, an infir-



OSAWATOMIE STATE HOSPITAL



GRADUATING CLASS, OSAWATOMIE STATE HOSPITAL, 1907

mary, two tubercular pavilions, cottages, shops, boiler house, electric and power plants, an ice house, a bakery, a laundry, a greenhouse, a reservoir, an amusement hall, and a dairy. The capacity is 1,700.

The school of nursing was established in 1902 under the superintendency of Dr. L. L. Uhls. From the two-year course the first class, 12 women and one man, was graduated in 1904. The total number of graduates is now more than 200; 33 were in training in 1941. Helen Couch is the present superintendent of nurses.

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PARK VIEW HOSPITAL SCHOOL OF NURSING (*Accredited*)  
PARK VIEW HOSPITAL, MANHATTAN

Park View Hospital was founded in 1903 by Drs. W. D. Silkman and W. H. Clarkson; the former held a nurse's certificate from Charity

Hospital, New York City, granted in 1888; and a medical degree from the University of New York City, granted in 1893. In 1905 the institution was acquired by the Park View Hospital Company and a new building was erected. The hospital soon outgrew these quarters, and the four-story brick Y. M. C. A. building was purchased and remodeled for the hospital, which holds 35 beds. Louise M. Spohr, a graduate of Kansas State College and St. Luke's Hospital, Chicago, was the first superintendent of the hospital.

The Park View Hospital Training School, now the Park View Hospital School of Nursing, was established in 1908, under the direction of Alice Alexander. The course covered two years. Total graduates number 62; 10 students were in training in 1941.

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#### PERKINS HOSPITAL TRAINING SCHOOL (*Closed*)

PERKINS HOSPITAL, SPEARVILLE

The Perkins Hospital, opened in 1918, was planned as a private institution by Dr. J. M. Perkins, who died before the building was completed. It was incorporated and has since been operated by the Perkins Hospital Association. The first superintendent was Mary DeVore, a graduate of McCarthy Hospital Training School in Dodge City. The hospital is a two-story building with 10 beds, 1 child's bed, and 5 bassinets. Mrs. Helen Yost Johnson, a graduate of Grace Hospital in Hutchinson, is the present superintendent.

Because of a shortage of trained nurses following the World War of 1914-18, a training school was opened January 1, 1923. The superintendent was Mrs. Olive Marty. The school was discontinued after two years and the students were transferred to other schools. There were no graduates.

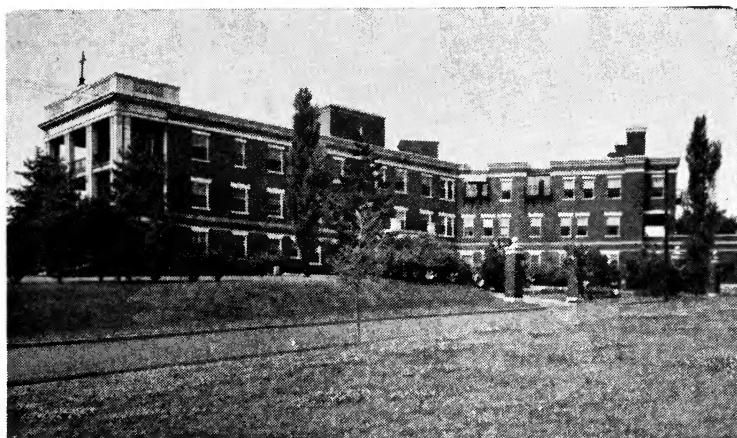
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#### PROVIDENCE HOSPITAL SCHOOL OF NURSING (*Accredited*)

PROVIDENCE HOSPITAL (*Approved*), KANSAS CITY

Providence Hospital was founded by the Sisters of Charity of Leavenworth, and dedicated on December 27, 1920 with 100 beds. In 1930 it opened an orthopedic ward and was one of the first hospitals in the State approved as a hospitalization center by the Kansas Crippled Children's Commission.

The school of nursing was opened in 1920 with Sister Rose Victor Felsheim, a graduate of St. Joseph's Hospital School of Nursing in Denver, Colorado, as superintendent of nurses. Sister Rose Victor continued in this capacity for 13 years. The educational department of the school of nursing is integrated with the Department of Nursing at the Saint Mary College, Leavenworth. The combined course covers five years and



PROVIDENCE HOSPITAL, KANSAS CITY

is under supervision of the college department of nursing and leads to the degree of Bachelor of Science.

Sister Rita Louise, also a graduate of St. Joseph's Hospital School of Nursing in Denver, is the present superintendent of nurses. There have been 154 graduates; 51 students are enrolled.

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#### QUINTER HOSPITAL TRAINING SCHOOL (*Closed*)

QUINTER HOSPITAL, QUINTER

This institution was incorporated as the Quinter Hospital and Sanitarium, September 28, 1925, and opened the following year under control of the Church of the Brethren. It is housed in a two-story brick building and has 10 beds. Anna K. Toothaker was the first superintendent. In 1927 the management was assumed by Dr. B. S. Morris, assisted by Mrs. Morris, a graduate nurse. Mrs. Louise B. Popp is the present superintendent.

The training school opened in 1926 with Miss Toothaker as superintendent. Three students from the community were enrolled but the school was soon closed. There were no graduates.

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#### RICE COUNTY HOSPITAL TRAINING SCHOOL (*Closed*)

RICE COUNTY HOSPITAL, LYONS

This hospital was opened with a training school in February 1917; Cora A. Miller was the first superintendent. The training school was discontinued in 1920 and since 1921 the hospital has been operated by the Lyons Hospital Association. Emma E. Miller, a graduate of Halstead Hospital School of Nursing, is the present superintendent.

The training school opened with a class of five, only one of whom completed the course. The school is remembered chiefly for the services rendered by its students during the influenza epidemic of 1918.

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ST. ANTHONY HOSPITAL TRAINING SCHOOL (*Accredited*)  
ST. ANTHONY HOSPITAL (*Approved*), DODGE CITY

St. Anthony had its origin in two private hospitals. In 1899 Dr. Thomas L. McCarty—later working with his son, Dr. Claude E. McCarty—purchased a former hotel of three stories, turned one part into a drug-store, one room into an office, and the remainder of the first floor into a tiny hospital with six beds. He also hired a graduate nurse to care for his patients. Except for the government hospital at Fort Dodge, this was the only place where the sick of southwest Kansas could obtain care at the time. In 1902 he placed hospital equipment on the second and third floors, increasing the number of beds to 25. In 1908 the Pine-Thompson Hospital, also staffed with graduate nurses, was established by Drs. W. O. Thompson and W. F. Pine in a two-story building with 24 rooms; it had 12 beds. On May 9, 1922, the McCarty Hospital was transferred to the Sisters of St. Joseph, although the Doctors McCarty continued on the staff; in the following July the Pine-Thompson Hospital was also transferred to the order. In 1926 the two institutions were merged into the St. Anthony Hospital, and a new building, holding 50 beds, was erected on land given by P. H. Sughrue. The Reverend Mother Aloysia was superior and superintendent. An annex erected in 1931 increased the capacity to 80 beds and 15 bassinets and provided facilities for outpatient, orthopedic, and tuberculosis clinics.

McCarty Hospital opened a school for nurses in 1904, with Mrs. Montgomery, a graduate of Stormont in Topeka, as the superintendent. The number of graduates is not known. First superintendent in the Pine-Thompson Hospital was Mrs. Sutton, a graduate who directed the training of 5 to 12 students. At least 14 were graduated. St. Anthony's school, opened in 1922, was under the direction of a Miss Lee from Chicago, later succeeded by Sister M. Winifred Sheehan and Sister M. Stella Crookham. From the later school 90 students have been graduated, and 30 were in training in 1941.

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ST. ANTHONY MURDOCK TRAINING SCHOOL (*Accredited*)  
ST. ANTHONY MURDOCK MEMORIAL HOSPITAL (*Approved*), SABETHA

Sabetha Hospital was established as a private institution in 1904 by Dr. Samuel Murdock. In 1920 Dr. Murdock's son gave it to the Sisters of St. Joseph in Concordia; the present name was then adopted, the 35 beds were increased to 100, and equipment was added to meet the requirements of the American College of Surgeons. An addition was made in 1930. There is one home for members of the nursing order and another for secular students.



ST. ANTHONY MURDOCK MEMORIAL HOSPITAL, SABETHA

The Sabetha Hospital Training School was opened in 1904, with Hattie E. Burch as superintendent. The school was reorganized and renamed when the hospital changed hands in 1920. Succeeding superintendents were Elizabeth Leyden, Jessica Leyden, Pearl Wilson, Sister M. Frederica Brungardt, Sister M. Victorina Barrins, and Sister Louis Marie Stegeman. Total number of graduates was 110; 25 students were in the school in 1941.

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ST. BARNABAS HOSPITAL TRAINING SCHOOL (*Closed*)ST. BARNABAS HOSPITAL, SALINA (*Closed*)

St. Barnabas Hospital was established with 20 beds on October 25, 1910, by the Salina Diocese of the Protestant Episcopal Church. The training school was established concurrently, but has since been discontinued. Eleven nurses were graduated.

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ST. CATHERINE'S HOSPITAL SCHOOL FOR NURSES (*Accredited*)ST. CATHERINE'S HOSPITAL (*Approved*), GARDEN CITY

First called the Garden City Hospital, this institution was opened in 1902 by Dr. L. O. Helwig, graduate of the University Medical College at Kansas City. It then had only four beds in rooms over Anthony's store. Two years later Dr. Helwig remodeled another building that gave him room for four more beds. On his death in 1913, Dr. Charles Rewerts took over the management. In 1916 the first part of the present building was erected, and in 1927 the remainder. On the death of Dr. Rewerts in 1931, the institution was sold to the Sisters of St. Dominic.

The first training school, established by Dr. Helwig in 1906, was discontinued in 1911. Another was started in 1927 under the direction of Sara A. Patterson. Nellie Dorsey became superintendent of nurses in 1928. She was succeeded by Harriet Campbell, who improved the cur-

riculum and effected an affiliation with Children's Mercy Hospital, in Kansas City, Missouri. When the sisters took charge in February 1931, the present name was adopted, the nurses' home was remodeled, the library established, and the standard of both hospital and school was improved. Sister M. Frances de Sales, a graduate of St. Joseph's Hospital and Training School in Milwaukee, became superintendent of nurses; she was followed by Sister M. Reginald, and Sister M. Magdaline, a graduate of St. Rose's School of Nursing at Great Bend. Recently an affiliation has been arranged with Marymount College, Salina, and with the local junior college for instruction in science. Graduates total 42; 20 students were in training in 1941.

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ST. ELIZABETH MERCY HOSPITAL SCHOOL OF NURSING  
(Accredited)

ST. ELIZABETH MERCY HOSPITAL, HUTCHINSON

This hospital was opened April 14, 1920, under the supervision of the Sisters of Mercy from the Mother-house at Fort Scott. The building is a three-story brick structure with 75 beds and 10 bassinets. Dr. Clements Klippel, Reno County physician and former Rock Island Railway surgeon, was the first physician.

The school of nursing was established with the hospital and the first class of three was graduated in September 1922. The nurses' home was originally a small frame building back of the hospital but this was replaced by a larger structure in 1930.

Sister M. Raphael Clement was the first superintendent of nurses. The present superintendent is Sister M. Vincent Hagan, formerly of Mercy Hospital, Fort Scott. Eighty-five nurses have been graduated; 33 students are currently in training.

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ST. FRANCIS HOSPITAL SCHOOL OF NURSING (Accredited)  
ST. FRANCIS HOSPITAL (Approved), TOPEKA

St. Francis Hospital, founded by the Sisters of Charity of Leavenworth, was opened on October 17, 1909, in a new building with beds for 40 patients. Sister M. Marcella was the first superintendent of hospital and nurses. In 1913 the number of beds was increased to 75 and a large kitchen, refrigerators, and quarters for help were added. Further additions, made with aid from the St. Francis Auxiliary and the Daughters of Isabella, have raised the number of beds to 100, in private and double rooms, one five-bed ward for men, and two large wards for children. In 1929 a chapel, with class rooms, was erected. Other improvements include a laundry, heating plant, diet kitchen, and pediatric department.



ST. FRANCIS' HOSPITAL, TOPEKA

St. Francis School of Nursing was opened with the hospital, the first enrollments taking place on October 17. A thorough three-year course was offered, and the first class of four was graduated in 1912. Lectures by the staff were supplemented by lectures and ward demonstrations by Sister M. Marcella and her assistant, Sister M. Chartina, medical and surgical supervisor. Later an instructor was employed and a one-year affiliation was effected with St. Mary College, Leavenworth, leading to a certificate of nursing and 70 hours credit toward a college degree. During Sister Marcella's second tenure as superintendent, after an interval of 25 years, she arranged the joint lectures in which the three Topeka schools of nursing now participate. Other superintendents include Sister M. Eunice and Sister M. Sylvester, the present incumbent. Graduates number 256; 35 were in training in 1941.

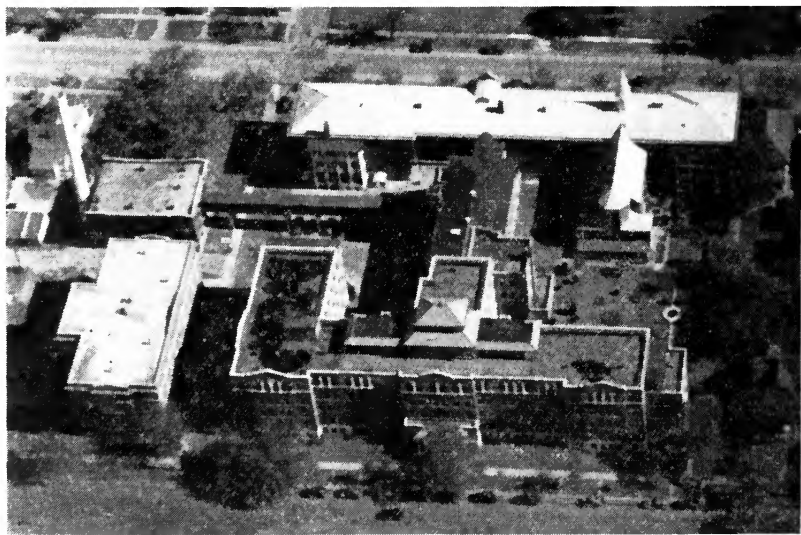
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ST. FRANCIS HOSPITAL SCHOOL OF NURSING (*Accredited*)  
ST. FRANCIS HOSPITAL (*Approved*), WICHITA

St. Francis Hospital was established in November 1889 by Sisters M. Scholastica and M. Joachim of the Sisters of the Sorrowful Mother in an abandoned building which had been operated as a hospital for several years by Dr. Andrew H. Fabrique. The original building has been remodeled at various periods and numerous additions have been constructed. The present group of connected buildings, with a uniform height of five stories, holds 300 beds. An entire floor is devoted to the care of crippled children. In one year—1937—777 children were treated in the pediatric department. A nurses' home built in 1921, adjoins the hospital group.



ST. FRANCIS HOSPITAL CHAPEL, WICHITA



ST. FRANCIS HOSPITAL, WICHITA

Nursing at St. Francis was done entirely by the sisters for many years, but with the addition of new departments and the increase in the number of patients, secular nurses became a necessity. To supply this need a school of nursing was opened in June 1917 with a curriculum recommended by the National League of Nursing Education. Thirty students were accepted during the first summer. At the first commencement exercises, held in 1920, 9 sisters and 17 lay nurses were graduated. The first superintendent of nurses was E. Holderman, a graduate of Mullanphy Hospital, St. Louis. She was followed by Mary J. Lamb, Edith H. Lemmons, Sister M. Gratiana, Sister M. Georgina, and Sister M. Gonzaga, the present superintendent.

Since 1935 the school has maintained an affiliation with Marymount College, Salina, and Wichita Municipal University. There have been 496 graduates; 124 students are in training.

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### ST. JOHN'S HOSPITAL SCHOOL OF NURSING (*Closed*)

ST. JOHN'S HOSPITAL, IOLA

This hospital was established during the gas boom of 1905 by Dr. John Sutcliffe, who undertook construction of a building two miles east of the city. When the boom subsided later in the year the doctor found himself without funds to operate the institution and the Sisters of St. Joseph were asked to assume control. During the summer Mother M. Bernard of the Order formally took charge of the hospital, re-naming it St. John's Hospital and installing Sister M. Vincent as first superior. It then had 25 beds.

The hospital was reorganized in 1919 and the school of nursing opened in August of that year with Sister M. Alphonsus, a graduate of Mt. Carmel Hospital School of Nursing in Pittsburg, as the first superintendent of nurses. From 1921 until 1924 the school maintained an affiliation with Children's Mercy Hospital, Kansas City, Missouri, which was moved to St. Joseph's Hospital in 1924. Other superintendents of nurses were Sisters M. Gregory and M. Eulalia; the latter was in charge when the school was closed in 1933. There were 37 graduates.

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### ST. JOHN'S HOSPITAL SCHOOL OF NURSING (*Accredited*)

ST. JOHN'S HOSPITAL (*Approved*), LEAVENWORTH

St. John's, oldest civilian hospital in Kansas, was founded in 1864 by Sisters of Charity, who came to Leavenworth from Nashville, Tennessee, with the aid of the Rt. Rev. John Baptist Meige, S. J., Vicar-Apostolic of Kansas. The small institution, with one or two wards and a half dozen private rooms, meagerly supplied and ill-equipped, had a struggle for daily existence. But contributions of money, food, and fuel from friends and the capable management of Sister Joanna Bruner (afterwards instrumental in the establishment of St. Joseph's Hospital in

Denver, and St. Joseph's Hospital at Laramie, Wyoming) brought it through the pioneer stage. It is now a well-equipped 65-bed institution with a daily average of 50 patients.

The school of nursing opened in 1903 with six students, directed by Sister M. Domitilla Breen, graduate of St. Joseph's Hospital, Denver. Sister M. Eunice Murphy is the present superintendent. There have been 127 graduates. Thirty were in training in 1941.

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ST. JOHN'S HOSPITAL SCHOOL OF NURSING (*Accredited*)  
ST. JOHN'S HOSPITAL (*Approved*), SALINA



ST. JOHN'S HOSPITAL, SALINA

St. John's Hospital, Salina, was opened in June 1914 by the Sisters of Saint Joseph of Concordia. Sister M. Clare Cuff, a native of Ireland, was the first superintendent of the hospital, which is now housed in a four-story building of red brick and has 70 beds.

The school of nursing was organized in 1921 for members of the order and was under supervision of Sister M. Felicitas McAuliffe, a graduate of Creighton Memorial Hospital School of Nursing in Omaha, Nebraska. Lay students have been admitted since 1924. At that time Sister Marie Lourdes McCormick, previously superintendent of nurses at St. Joseph's Hospital, Concordia, came to St. John's in that capacity and remained until 1932, when she was succeeded by Sister M. Ferdinand Giersch. Sister Marie Lourdes returned in 1934 to remain until 1939, when the present superintendent, Sister M. Theophane Umshied, replaced

her. The training school is affiliated with Marymount College, where student nurses receive college credit in science, home economics, and psychology. There have been 96 graduates; 35 students are in training.

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ST. JOSEPH'S HOSPITAL SCHOOL OF NURSING (*Accredited*)

ST. JOSEPH'S HOSPITAL (*Approved*), CONCORDIA



ST. JOSEPH'S HOSPITAL, CONCORDIA

This hospital was established in 1903 by the Sisters of St. Joseph of Concordia, and was the first of a number of hospitals founded by the order in Kansas, Texas, and Illinois. The original unit, built to serve as a convent and academy, was used as a hospital after construction of Nazareth Academy, and was enlarged in 1916. The present hospital is a three-story brick building with 75 beds and 10 bassinets. The hospital's first superintendent was Sister M. Philemene Belisle, who was followed by Sisters M. Ursula Kielty, Joseph Theresa Owens, M. Felicitas McAuliffe, and M. Regis Schwenzer.

The school of nursing was established in 1919 for novices and members of the order. Lay students were first accepted in 1921. A class of three was graduated in May of that year. In September 1936 an affiliation with Marymount College of Salina was established. Superintendents of the school of nursing in order of service have been Sister Marie Lourdes McCormick (1919-1922), Sister M. Ferdinand Giersch (1922-1932), Sister Marie Lourdes McCormick (1932-1934), Sister M. Fidelis Stenger (1934-1941), and Sister M. Victorina Barrins.

There have been 121 graduates; 41 students now enrolled.

ST. LUKE'S HOSPITAL TRAINING SCHOOL (*Closed*)

ST. LUKE'S HOSPITAL, WELLINGTON

St. Luke's Hospital, opened in 1910, was established by the Protestant Episcopal Church and later taken over by the city of Wellington. It then had 25 beds. From the training school, opened with the hospital but now discontinued, eight nurses were graduated.

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ST. MARGARET'S HOSPITAL SCHOOL OF NURSING (*Accredited*)ST. MARGARET'S HOSPITAL (*Approved*), KANSAS CITY

ST. MARGARET'S HOSPITAL, KANSAS CITY

St. Margaret's, the first hospital in Wyandotte County, was founded in 1887 by the Rev. Anton Kuhls, pastor of St. Mary's Church in Kansas City. After the completion of the building Father Kuhls deeded the property to the Sisters of the Poor of St. Francis, who still operate it. The hospital has 250 beds.

A school of practical nursing established in 1924 offered a two-year course under the superintendency of Sister Macrina Kuhn. In 1929 Gertrude Sutcliffe was employed to establish a school of nursing on an accredited basis. The first class of 16 students were graduated in 1931. At that time Sister Macrina again became superintendent and she served until 1937 when she was succeeded by Sister Hildegardis Staib, the present incumbent.

A three-year course is now offered. There are 138 graduates; enrollment is 69.

ST. MARY HOSPITAL AND TRAINING SCHOOL (*Accredited*)  
ST. MARY HOSPITAL, MANHATTAN

This hospital was opened in 1915 with funds provided by Dr. Charles Little and his daughter, Dr. Belle Little, and was first called the Charlotte Swift Memorial Hospital. It was operated by an association until December 1, 1936, when it was sold to the Sisters of St. Joseph of Concordia, Kansas, and the name was changed. Sister Frederica Brungardt was the first superintendent under the new regime. Early in 1937 the building was remodeled and the original bed capacity of 35 was increased to 50. A nurses' home was purchased during that year and a residence for sister-nurses was acquired in 1940.

A training school was opened with the Charlotte Swift Memorial Hospital. Miss Mabel E. Haggman, a graduate of the General Hospital School of Nursing, Kansas City, Missouri, was the first superintendent. She was succeeded by Constance Clapp Mackintosh, who continued as superintendent until the sisters assumed charge of the hospital in January 1937, when she was replaced by Sister M. Harriet Baldwin. Sister Mary Luke Bowker is the present incumbent. Seventeen nurses have been graduated, under the Roman Catholic management, and 29 students are now in training.

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ST. MARY'S HOSPITAL TRAINING SCHOOL (*Accredited*)  
ST. MARY'S HOSPITAL (*Approved*), WINFIELD



ST. MARY'S HOSPITAL, WINFIELD

St. Mary's was originally the Winfield Hospital, founded by the Winfield Hospital Association in a remodeled residence in 1899. The policy of the founders was to improve facilities for care of the sick and they made no attempt to profit by the undertaking. Its rates ranged

from \$7 to \$25 a week. In a short time, however, this policy carried the founders into financial difficulties, and in 1903 the plant was given to the Sisters of St. Joseph of Wichita, as the result of negotiations with Bishop J. J. Hennessey of the Wichita diocese. In 1905 the Sisters dedicated an addition to the building, placed it under the patronage of Our Lady of Victory, and rechristened the institution St. Mary's Hospital. Further additions were made in 1916, and a new brick building was erected in 1918.

With the opening of Winfield Hospital in 1899, a training school was established for the purpose of "supplying nurses for private families . . . for persons or families needing the care of a nurse for a portion of the day only . . . for relief work at night . . . for administering of baths, for assisting in the dressing of wounds, for the care of convalescents and for critical cases." Lizzie Wells, graduate of the Illinois Training School, Chicago, was made superintendent of hospital and of nurses. This school was discontinued when the Sisters took charge, but was re-opened in December 1913 with Sister M. Leonard, a nurse of the institution, as superintendent. Alice Collins and Margaret Werner of Winfield were the first graduates, on December 8, 1915. Margaret Werner as Sister M. Etheldreda became superintendent of the school in 1923 and since 1939 has been superintendent of the hospital. Sister M. Victoria, the third graduate, served as superintendent of the hospital from 1937 to 1939. Graduates number 128; 30 were in training in 1941.

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ST. ROSE HOSPITAL NURSING SCHOOL (*Accredited*)  
ST. ROSE HOSPITAL (*Approved*), GREAT BEND



ST. ROSE HOSPITAL, GREAT BEND

In 1888 Mother Seraphine, Mother General of the Holy Cross Convent of the Dominican Sisters of Brooklyn, conceived the idea of establishing a house in Kansas as a place of rest and recuperation for ailing nuns from the Brooklyn mother-house, but she died in 1895 before carrying out her plans. Six years elapsed before her successor, Mother Antonina Fischer, revived the project. In 1902 the Rt. Rev. Bishop Hen-

nessy of Wichita purchased the Central Normal College building at Great Bend for a mother-house and on April 23 of that year, Mother M. Antonina and seven sisters of the order came to the western Kansas town. At that time there was a movement under way toward the establishment of a hospital in Great Bend and with the aid of local groups a four-room residence was leased and equipped with five beds. The institution moved several times during the next 18 years. The present structure was completed in 1922 and enlarged in 1926 and 1927. A nurses' home was erected in 1937. The hospital now has 125 beds.

The training school for nurses was established in 1917 and the first class of three was graduated in 1920. Since then 150 women have completed the course. There are 49 in training. Sister M. Reginald is the present superintendent of nurses.

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#### SALEM DEACONESS HOSPITAL TRAINING SCHOOL (*Closed*)

SALEM DEACONESS HOSPITAL, HILLSBORO

The hospital was established by the Krimmer Mennonite Brethren Church in 1915 as the Salem Home and Hospital, under direction of Dr. H. Bruning. At that time the institution occupied a small building at the village of Gnadenau, one and one-half miles south of Hillsboro. This soon proved inadequate and a new building was erected in Hillsboro in 1918, at which time the hospital was incorporated under its present name. The three-story brick structure holds 15 beds.

The training school was opened with the hospital as the Salem Home and Hospital Training School for Nurses, but the name was later changed to conform with that of the hospital. During the seventeen years it operated the school admitted 29 student nurses, 25 of whom were graduated. Resident doctors, of whom there were usually two, acted as instructors, the superintendent taught two or three subjects, and a professor from Tabor College, Hillsboro, was engaged to teach *materia medica*. The school was also affiliated with Children's Mercy Hospital in Kansas City, Missouri, and Wesley Hospital in Wichita. As a result of more stringent requirements and inadequate facilities for training, the school was closed in 1932. Sister Elise Wiebe, the first superintendent of nurses, was followed by Sisters Justina Warkentin and Mary Friesen, both registered nurses.

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#### SIMMONS HOSPITAL TRAINING SCHOOL (*Closed*)

SIMMONS HOSPITAL, LAWRENCE (*Closed*)

This hospital, established by Dr. Charles J. Simmons, opened with the training school in April 1903. Fifteen nurses were graduated from the school before its close in 1921. The hospital was closed in May 1930.

SOUTHEAST KANSAS HOSPITAL AND TRAINING SCHOOL  
(Accredited)

SOUTHEAST KANSAS HOSPITAL, COFFEYVILLE



SOUTHEAST KANSAS HOSPITAL, COFFEYVILLE

The Southeast Kansas Hospital and Training School was established in 1915 by three Coffeyville men, Doctors Duncan, Campbell, and Johnson, and absorbed the Good Samaritan Hospital of the town. The two-story and basement structure built by the founders houses both hospital and training school. In 1925 the hospital was purchased by an association of which Dr. J. D. McMillian was president.

Mrs. Sadie Allison, a graduate of Cushing Memorial Hospital, Leavenworth, was the first superintendent of nurses. An affiliation with Children's Mercy Hospital, Kansas City, Missouri, established in 1931, is still maintained. Mrs. Gladys F. Wagner is the present superintendent. There have been 48 graduates; 10 students are now enrolled.

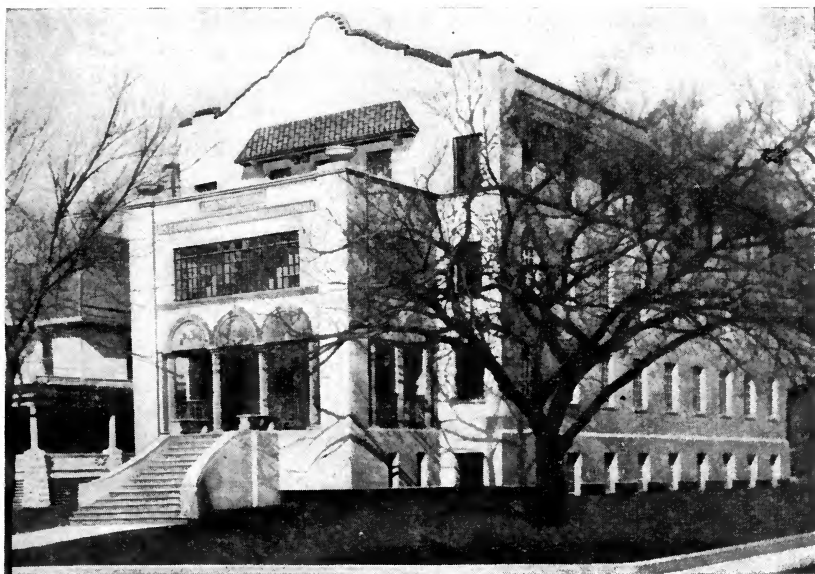
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SOUTHWESTERN OSTEOPATHIC SANITARIUM  
TRAINING SCHOOL (Accredited)

SOUTHWESTERN OSTEOPATHIC SANITARIUM, WICHITA

This hospital was established in 1912 at Blackwell, Oklahoma, by Dr. H. C. Wallace and Dr. Ernest Ewing. Dr. Ewing was succeeded in 1914 by Dr. George J. Conley, a graduate of the Kansas City College of Osteopathy and Surgery, Kansas City, Missouri. In May 1924 the institution was moved to Wichita, incorporated and opened in temporary quarters pending completion of a new building. The present tile and stucco structure, opened in 1925, holds 52 beds and 6 bassinets.

The training school for nurses was opened in 1915 and accredited



SOUTHWESTERN OSTEOPATHIC SANITARIUM, WICHITA

by the Oklahoma Nurses' Examining Board; it is now the only accredited school of nursing in Kansas operated in connection with an osteopathic hospital. Florence Byers was superintendent of nurses when the hospital moved to Wichita. The first class was graduated in Oklahoma in 1918. Since 1924, 87 students have been graduated and registered in Kansas; there are now 16 students.

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#### STERLING HOSPITAL TRAINING SCHOOL FOR NURSING (Closed)

STERLING HOSPITAL, STERLING

This hospital was founded in 1902 by five Sterling doctors—P. P. Trueheart, M. Van Patten, W. C. Burden, H. R. Ross, and W. E. Currie. They provided funds for the building and its maintenance until the institution could arrive at a paying basis. Some years later the Sterling Hospital Association was created, and now controls the hospital, which has 20 beds and 5 bassinets.

At the opening of the hospital, Nelly Murphy, a graduate nurse, was placed in charge of nursing, assisted by Alice Peacock, who had had about a year's training in a hospital in New Mexico. The school was opened a few months later under direction of Miss Peacock, who, meantime, was completing training under staff supervision. The two-year course consisted of one hour of class work each week by each staff physician. The first class of three students was graduated in 1904.

SUSAN B. ALLEN MEMORIAL SCHOOL OF NURSING (*Accredited*)  
SUSAN B. ALLEN MEMORIAL HOSPITAL (*Approved*), EL DORADO



SUSAN B. ALLEN MEMORIAL HOSPITAL, EL DORADO

This institution was founded in 1916 as the El Dorado Hospital, in a two-story building with 20 beds. In 1920 it was acquired by a nursing order of the Protestant Episcopal Church, remodeled, and renamed St. Luke's Hospital. In August 1921 another reorganization was effected and the hospital became a community institution. Ten years later, Frank S. Allen, of El Dorado, donated \$145,000 for construction of a new building, and the institution was re-incorporated on August 31, 1931, as the Susan B. Allen Memorial Hospital, in memory of the donor's mother. It has 50 beds and 8 bassinets, is owned by a private association, and controlled by a board of trustees.

The school of nursing, established with the original hospital, was then known as the El Dorado Hospital Training School for Nurses. Sadie Hill, graduate of Arkansas City Hospital, was the first superintendent of nurses. The first class of 6 members was graduated in 1919 from a course covering two and a half years. When the hospital became St. Luke's the training period was extended to three years. The present superintendent of nurses, Mollie Bowman, is a graduate of Wesley Hospital School of Nursing, Wichita. Thirty-eight have been graduated; 25 are in training.

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TOPEKA STATE HOSPITAL TRAINING SCHOOL (*Closed*)  
TOPEKA STATE HOSPITAL (*Approved*), TOPEKA

Topeka State Hospital, established as the Topeka State Insane Asylum in 1875 to supply facilities for care of people with mental dis-

eases, was the second such institution in Kansas. Two buildings were ready for occupancy in 1876, under the superintendency of Dr. B. D. Eastman, former superintendent of an "asylum" at Worcester, Massachusetts. From time to time additions were made, bringing the institution to its present capacity. It has 1,827 beds.

To provide nurses especially trained in psychiatric nursing, a school was opened in 1900. It was later affiliated with Christ's Hospital School of Nursing, now the Vail School of Nursing, at Topeka, to give its students experience with normal patients. Thirty-eight nurses were graduated before 1926, when the school was discontinued as result of insufficient appropriations.

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### UNIVERSITY OF KANSAS HOSPITALS SCHOOL OF NURSING (Accredited)

UNIVERSITY OF KANSAS HOSPITALS (*Approved*), KANSAS CITY

The State legislature of 1864 passed an act providing for a state university, which was to include a school of medicine. The university was opened at Lawrence in 1866. In 1880 a preparatory medical course was begun. In 1899 a School of Medicine offering a two-year course was organized. In 1900 Dr. Simeon B. Bell of Rosedale (now Kansas City) offered to the university land and money of a total value of \$80,000 to build and equip an institution to be called the Eleanor Taylor Bell Memorial Hospital in memory of his wife. In 1905 the legislature accepted his offer and two proprietary schools of medicine then operating in Kansas City were merged with the university medical school,



UNIVERSITY OF KANSAS HOSPITALS

which was re-organized to give a four-year course. The two proprietary schools donated use of their buildings until new ones could be erected, and the new school was opened in the fall of 1905. On January 1, 1907, the first two buildings provided by Dr. Bell were occupied—a pavilion with hydrotherapeutic and massage departments, convalescent rooms, and three wards holding 24 beds each; and a clinical laboratory, having one large room for teaching, four laboratories, three lecture rooms, a library, offices, a morgue, and an animal room.

In 1909 by state appropriation of \$50,000 a new hospital was erected; and in 1913, after the Kansas Medical College, of Topeka, had been merged with the school, another appropriation made possible the completion in 1916 of a three-story brick building for the outpatient department. These four buildings covered the approximately five acres donated by Dr. Bell. In 1920 through contributions from alumni, friends, the city of Rosedale, and State of Kansas a second site of 15 acres was purchased; \$435,000 was appropriated for a new establishment, the first unit of which was completed in 1924. This unit was named Bell Memorial Hospital. In 1928 the nurses' residence, Hinch Hall, was built, as well as B. Building—a ward, and temporary structures known as Barracks 1 and 2. In 1936 by a combination of state appropriation, private gifts, surplus earnings and PWA funds, more buildings were added—a warehouse, Hixon Medical Research laboratory, and children's pavilion, which were connected by a corridor with x-ray rooms, a store-room, a morgue, autopsy rooms, and new Negro pavilion. The first buildings erected by Dr. Bell have been reconditioned and are now called



BELL MEMORIAL HOSPITAL, 1906

the Eleanor Taylor Bell Memorial Tuberculosis hospital, which includes a convalescent hospital and pathology department. In 1934 the Board of Regents renamed the collective buildings The University of Kansas Hospitals; Bell Memorial Hospital was retained in parentheses.

These hospitals have 200 beds and 20 bassinets, outside the children's pavilion which holds 50 and the tuberculosis unit which has 45. An average of 30 plastic and orthopedic cases are treated daily.

The University of Kansas Training School for Nurses was organized with the hospital in 1906, with a course covering two and a half years. Pearl L. Laptad, one of the 1901 graduates of Christ's Hospital, Topeka, was the first principal and lecturer. Her successors were: Helen M. Cust, principal and lecturer; Minerva Wilson, principal and lecturer; Lestella E. Bechtel, superintendent of hospital; Eleanor C. Campbell, director of nurses; S. Milo Hinch, supervisor of nurses and superintendent of hospital; Martha Hardin, supervisor and superintendent; and Henrietta Froehlke, graduate of St. Luke's School of Nursing, Chicago, and Columbia University, whose title was director of nurses. During Miss Froehlke's administration, 1927-1941, the nursing faculty achieved academic rank, class hours were increased, new courses and instructors were added, hours of duty for students and graduates were decreased, allowances for students were discontinued and entrance fees imposed. Since her resignation, Sara A. Patterson, graduate of Newman Memorial Hospital and State Teachers' College, Emporia, has been acting director. In 1921 the course was extended to three years. In 1929 a nursing course leading to a bachelor degree was arranged through affiliation with the university department of Liberal Arts and Sciences. In 1936 arrangements were made with Kansas State College at Manhattan, and the University Hospitals for clinical instruction. By these arrangements the school now offers three distinct courses: a three-year professional course leading to a certificate of nursing; a five-and-a-half-year course leading to a bachelor of science degree in nursing from the University and a five-and-a-half-year course leading to a bachelor of science degree in nursing and home economics from Kansas State College. The last two courses require 94 hours of college work. In January 1938 a six-weeks affiliation in public health was effected with the Kansas City Health Department. Theory is given in classrooms and laboratories of Hinch Hall; practice in the hospitals and the outpatient department. Graduates total 450; 97 were in training in 1941.

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#### VAIL SCHOOL OF NURSING (*Accredited*)

CHRIST'S HOSPITAL (*Approved*), TOPEKA

The plan for Christ's Hospital was conceived by Ellen Bowman Vail and carried out by her husband, the Right Reverend Thomas Hubbard Vail, first Episcopal bishop of the Kansas diocese. The first building, a small wooden structure of the army pavilion type, was opened in the spring of 1884 with Dr. John Calhoun McClintock, chief surgeon, in charge, and Mrs. Fannie G. McKibben, graduate of the Jefferson Hospital in Philadelphia, as superintendent of nurses. This building did duty until April 1927 when the present building of pink stucco was opened,



CHRIST'S HOSPITAL, TOPEKA



STAFF CHRIST'S HOSPITAL, 1902

with 94 beds and 20 bassinets. It was transferred to a new board of directors in 1938 and has since passed into private ownership.

Christ's Hospital Training School was tentatively established in 1889, when Mrs. McKibben secured Edetha Dodds (now Mrs. Mel Womer) and, some time later, Mrs. Jennie Charteris (now Mrs. J. Witmer) as nurse students. However, the school was not formally opened until 1892. Edetha Dodds was the first to graduate, on September 18, 1894. In 1902 the two-year course was extended to three years; and in the winter of 1928-29 the training school became an independent educational institution through affiliation with its sister institution, Bethany College, also founded by Bishop Vail. At that time the title was changed to the Vail School of Nursing. Subsequent superintendents of nurses were: Louise Spohr, Mrs. Lois (Williams) Fulner, Ellen Stewart, Aline Gagg, Esther West, Mabel Madden, Edith Rassmussen, Adelaide Lewis, Louise Kienninger, Mary Lovejoy, Edith Z. White, Martha M. Buchanan, Mabel S. Campbell, Martha E. Keaton, Clara A. Pierce, Nellie Williams, and Hilda H. Fisher. The total number of graduates is 363; 48 were in training in 1941.

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WESLEY HOSPITAL AND NURSE TRAINING SCHOOL  
(Accredited)

WESLEY HOSPITAL (Approved), WICHITA

Wesley Hospital was founded by a board of trustees elected at the annual meeting of the Southwest Kansas Conference of the Methodist Episcopal Church. The hospital charter was obtained on August 28, 1912. An old residence, which had been remodeled for use as a sana-



WESLEY HOSPITAL WICHITA

torium, was leased for a period of three years and the institution was opened on October 13 with 30 beds. The Rev. A. B. Hestwood was the first superintendent.

Two additional buildings were obtained within the next six months, one for maternity cases, the other as a home for nurses. In 1913 the Southwest Kansas Conference accepted Wesley as a hospital under conference sponsorship and authorized the board to provide a more adequate building. The present structure at Central and Hillside avenues was not occupied until 1920, however. Additions in 1926 and 1929 have increased the bed capacity to 250. A new nurse's home was completed in 1939.



WESLEY HOSPITAL NURSING STAFF, 1941

The nursing school became a part of the institution by provisions of the charter, the corporate name being the Wesley Hospital and Nurse Training School. Alma J. Murphy, the first superintendent of nurses, was a graduate of Cincinnati Hospital but had been superintendent of nurses at Wichita Hospital before assuming the position at Wesley. Succeeding Miss Murphy in order of service were Margaret M. Adams, Gertrude Edwards, Mary S. Mosher, Mrs. Laura Bull Price, Mrs. Mary Beal, Ethel Garland, Mary C. Collins, Mrs. Gertrude Brown Little, Mary J. Fraser, Mrs. Betsy L. Harris, Sadie Hyde, Mollie Bowman, Ethel L. Hastings, and Irma Law.

The first graduate of the school completed the course in 1915. The total number of graduates is 463 and there were 105 students in training in 1941.

WICHITA HOSPITAL TRAINING SCHOOL FOR NURSES  
(Accredited)  
WICHITA HOSPITAL (Approved), WICHITA



WICHITA HOSPITAL, WICHITA



WHEEL CHAIR IN THE 90'S AND TODAY

Wichita Hospital began as the Ladies Benevolent Home—established by the pioneer women's organization, the Ladies Benevolent Society—which was opened in a two-room frame building on September 5, 1885, to "afford and give temporary relief to the sick and disabled who came as strangers to the city." In 1887, still in the two rooms, it became the Women's Benevolent Home and Hospital. In 1898 the institution was moved to its present site and became the Wichita Hospital and Training

School for Nurses. On July 15, 1925, it was purchased by the Most Reverend August J. Schwertner, D. D., Bishop of Wichita, and placed in charge of the Sisters of St. Joseph, in whose charge it now is. It has 115 beds and 15 bassinets.

The school of nursing was begun in 1896, when it was realized that the hospital must have women "especially trained for the service of caring for the sick." Eva C. Coulter, graduate of Illinois Training School in Chicago, was the first superintendent of nurses; Bessie Baldwin was first to complete the two-year course—since expanded to three years—in 1898. Later superintendents were Elizabeth Wells, Helen Farnsworth, Mary Butler, Mary J. Fraser, Mrs. Betsy L. Harris, Alma J. Murphy, Isabelle Woodburn, and Edith Sarazen. Sister M. Victoria was the first superintendent under the new regime, followed by Sister M. Stella, and Sister M. Carmel in 1936. Graduates number 478; 56 were in training in 1941.

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WILLIAM NEWTON MEMORIAL SCHOOL OF NURSING  
(Accredited)

WILLIAM NEWTON MEMORIAL HOSPITAL (Approved), WINFIELD



WILLIAM NEWTON MEMORIAL HOSPITAL, WINFIELD

This hospital, opened on March 1, 1927, was erected by the City of Winfield and became a memorial to William Newton, Cowley County farmer, who left a bequest of \$250,000 to the municipality for a hospital. It has 45 beds and 10 bassinets. Dr. O. B. Wyant, a graduate of Rush Medical College, Chicago, was the first physician-surgeon. He is remembered as the doctor who in 1892 administered diphtheria antitoxin for the first time in the county.

The school of nursing was organized in 1928 under the direction of Dena Gronewald. A three-year course is offered. Since 1932 class work has been in charge of a full-time instructor, a position now held by Geraldine Busse. Sociology courses are offered through an arrangement with St. John's College, Winfield. The present superintendent of nurses is Dorothy H. McMasters, a graduate of Mounds-Midway School of Nursing in St. Paul, Minnesota. There have been 54 graduates; 29 students were enrolled in 1941.

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WILSON COUNTY HOSPITAL TRAINING SCHOOL (*Closed*)  
WILSON COUNTY HOSPITAL, NEODESHA

Wilson County Hospital, established in 1916 by Dr. John L. Moorhead, has 45 beds and was recently designated by the State as a supply station for pneumonia serum. The first superintendent was Mrs. Cora Moulton. The present incumbent is Coena Foster, a graduate of St. John's Hospital School of Nursing, Iola.

The training school, opened with the hospital in 1916, graduated its first class on August 13, 1918. Stella A. Shipley, a graduate of Sibley Memorial Hospital School of Nursing, Washington, D. C., was superintendent of nurses from 1919 until the school was closed in November 1935. Thirty-six students were graduated.

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WINFIELD HOSPITAL TRAINING SCHOOL (*Closed*)  
WINFIELD HOSPITAL, WINFIELD (*Closed*)

The hospital was opened with 50 beds on October 1, 1908, under control of five directors. Dr. Pilcher, the founder, turned it over to Drs. F. R. Smith and Powers, who in turn surrendered it to Drs. E. O. Smith and Charles C. Hawks. They closed the institution and surrendered the charter in December 1926, when the William Newton Memorial Hospital was opened in the town.

The training school was established with the hospital, Dr. Smith acting as instructor until Lela Annetta Crawford, member of the first class, completed the course. She served until hospital and school were closed. Thirty-five nurses were graduated.



## CHRONOLOGY OF PROGRESS IN CARE OF THE SICK AND PREVENTION OF DISEASE IN KANSAS

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1827—Fort Leavenworth established on the west bank of the Missouri River; its hospital, opened later, was the first in Kansas.

1828—Smallpox epidemic resulted in heavy loss of life among the Indians; missionaries acted as doctors and nurses.

1842—Fort Scott established a hospital.

1852—Fort Riley and its hospital established by Maj. E. A. Ogden.

1855—Severe cholera epidemic ravaged military posts and settlements; Major Ogden succumbed to the disease at Fort Riley while caring for soldiers and workmen.

1856—Vegetarian Colony established near Fort Scott; the venture was not successful.

1859—Kansas Medical Society was incorporated by Territorial legislature.

1861—Kansas was admitted to the Union on January 29; Leavenworth, metropolis of the new State, was also its medical center; the city boasted 35 doctors, 10 drug stores, and four midwives. It became a distributing point for medical supplies for troops and refugees in the area during the Civil War.

1864—St. John's, first civilian hospital in Kansas, was established at Leavenworth by the Sisters of Charity to care for refugees from the South.

1865—Osawatimie State Hospital for the Insane was established as an "insane asylum" with a clergyman as supervisor.

1867—Sisters of Charity from Leavenworth assisted in nursing cholera victims during the epidemic that swept through the forts and trail settlements.

1873—Cut in food supply at Osawatimie caused revolt of attendants resulting in legislative investigation.

1875—Topeka State Hospital for the Insane was established as an "insane asylum."

1877—Dr. John C. McClintock of Topeka performed first appendectomy in Kansas.

1879—State Board for the Examination of Physicians was established.

1885—Kansas legislature established a State Board of Health; its powers were merely advisory, like those of county boards of health authorized at the same time.

1887—Axtell Hospital, Newton, was opened by Dr. John T. Axtell; this was one of the few established successfully by physicians.

1888—Axtell established a course to teach practical nursing. Dr. Reid Alexander successfully performed synchronous triple amputation at Topeka hospital.

1889—Christ's Hospital established a course to train nurses, which was not formally organized until three years later.

1899—University of Kansas opened a School of Medicine with a two year course.

1902—Two-year course to train psychiatric nurses began at Osawatomie State Hospital.

1903—Floods in the Kansas River area called attention of the public to the need for a public health program.

1905—Topeka Provident Association, organized during the previous year, began the first visiting nurse service in the State with one nurse. University of Kansas School of Medicine opened with a four-year course.

1906—What was to become University of Kansas Training School for Nurses was established in Bell Memorial Hospital. Dr. S. J. Crumbine became Secretary of State Board of Health.

1908—Kansas Tuberculosis and Health Association was organized; State Red Cross Branch was chartered.

1909—Dr. Crumbine launched "Swat the Fly" campaign and recommended other health measures that were adopted.

1910—Dr. W. S. Lindsay opened a small hospital for mental patients in conjunction with Christ's Hospital, Topeka. Residents of the neighborhood filed injunction suit which resulted in closing of the department.

1912—Kansas State Association of Graduate Nurses, later to become the Kansas State Nurses' Association, was organized, one year after the Wichita Graduate Nurses' Association was begun with 25 members and started a campaign for a State organization.

1913—The State Board for the Examination and Registration of Nurses was established. State Tuberculosis Sanitorium was opened at Norton.

1915—The Division of Child Hygiene in the State Board of Health was established—second of its kind in the Nation. The public health nurses organized a section in the State organization.

1917—Kansas recruited 392 nurses for World War service in response to the Red Cross call. Health car *Warren* began first tour of the State. Home nursing courses were begun by Agricultural Extension Service and the Red Cross.

1918—First influenza epidemic swept over the State. Total deaths from the disease in four months was 4,073, almost twice the total Kansas military loss during the whole war; many of the military losses were also from flu.

1919—First county health unit was established in Geary County with Red Cross funds raised for war services; nurses helped sell the program to the communities. The private duty nurses organized a section in the State organization.

1920—Dr. Karl A. Menninger began to teach course in psychiatric nursing in the school at Christ's Hospital.

1921—Division of Public Health Nursing in State Board of Health created in expectation of receipt of Shepherd-Towner funds.

1923—The Legislature failed to meet provisions of Shepherd-Towner Act and the Division of Public Health Nursing was abolished, a smaller nursing section becoming part of the Division of Child Hygiene. Dr. Crumbine resigned as secretary of State Board of Health after new State administration attempted to replace Board members with political appointees.

1924—Kansas League of Nursing Education was organized.

1925—Kansas Society for Crippled Children was organized.

1929—Health survey of Kansas Indian reservations revealed shocking conditions.

1930—Graduate school of psychiatric nursing was opened at Menninger Sanitarium, Topeka.

1934-35—Dust storms were all over Western Kansas. Red Cross established hospitals in the afflicted area and aided in dust-proofing one room in each house.

1936—Kansas Public Health Program was approved by Social Security Board and funds were received for expansion of the program.

1941—Kansas State Nurses' Association began campaign to increase the number of student nurses and conducted an inventory of nurses available for war service. First inspector of nursing schools was employed.

1942—Kansas State Nurses' Association urged public health nurses and instructors to stay on the job and refrain from joining Red Cross and military service until they could be replaced.



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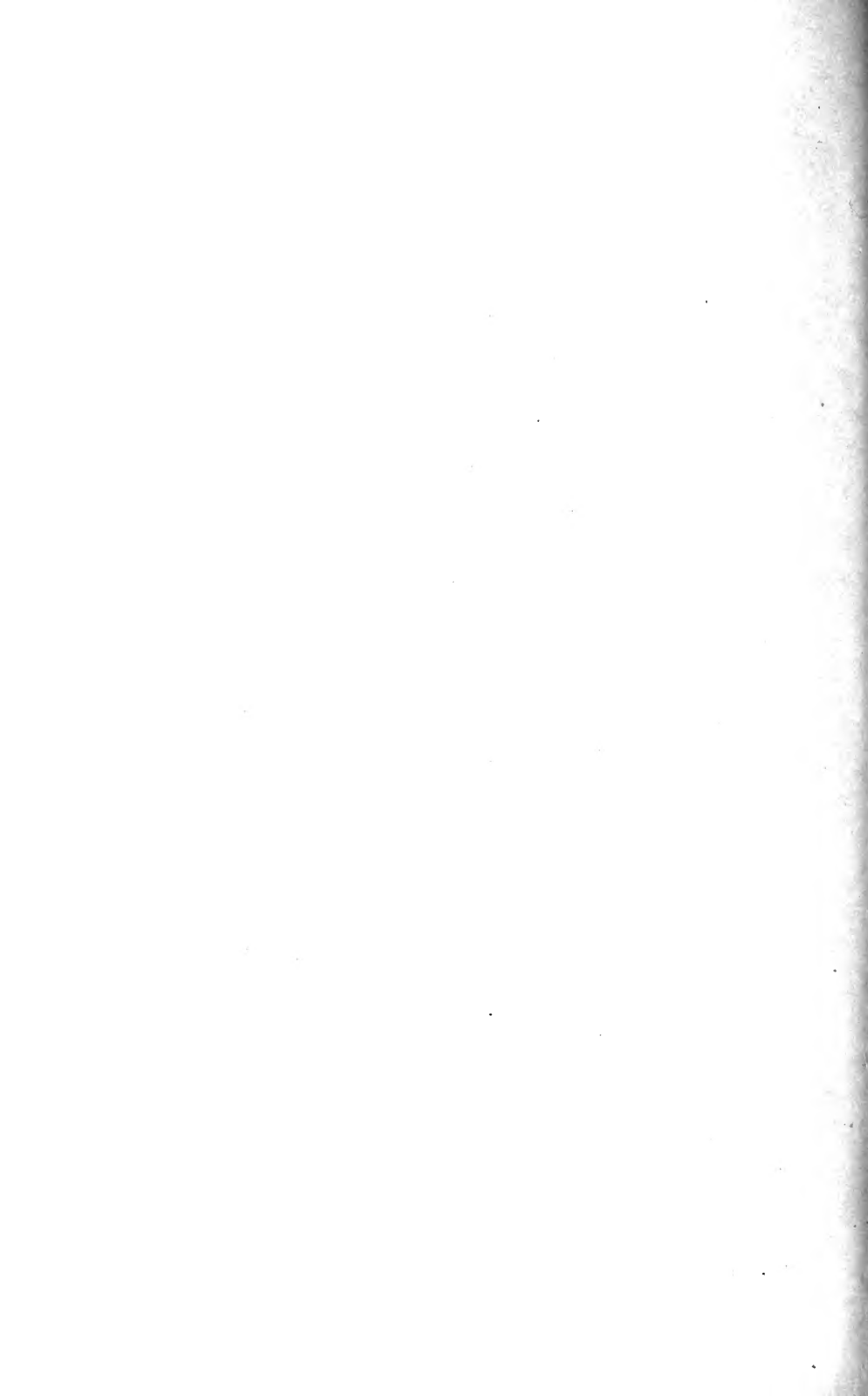
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Several hospitals were opened in the Eighties and Nineties, some with nurse training schools. By 1900 the profession was becoming well established in Kansas. When a crusading secretary of the State Board of Health launched the fight for a public health program in Kansas the nurses of the State eagerly enlisted in the war against disease. In 1912 the nurses organized, the following year they went into the legislative halls and successfully sponsored the enactment of a registration law for nurses. Nearly 400 of them volunteered for service in World War I; after the war they carried the gospel of public health into every section of the state. More than a year before the open attack on the United States at Pearl Harbor Kansas nurses cooperated with the U. S. Department of Health in completing an inventory of nurses available for service in a national emergency.

The nurses themselves contributed most of the material that made this book but doctors and laymen have given valued assistance. Research workers and writers of the Kansas WPA Writers' Project, with special editorial assistance from the national office of the WPA Writers' Program, have completed the preparation of this saga of the Kansas nurse.

